

Name
in
Full

Bessie Elizabeth Aikens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation	Housewife				
Married, Single or Widowed	Name of Wife or Husband	Herbert Aikens			
Father's Name	Benj. Dorsey				
Mother's Maiden Name	Elizabeth Harris				
Name of person giving information	Herbert Aikens				

27

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Pulmonary Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

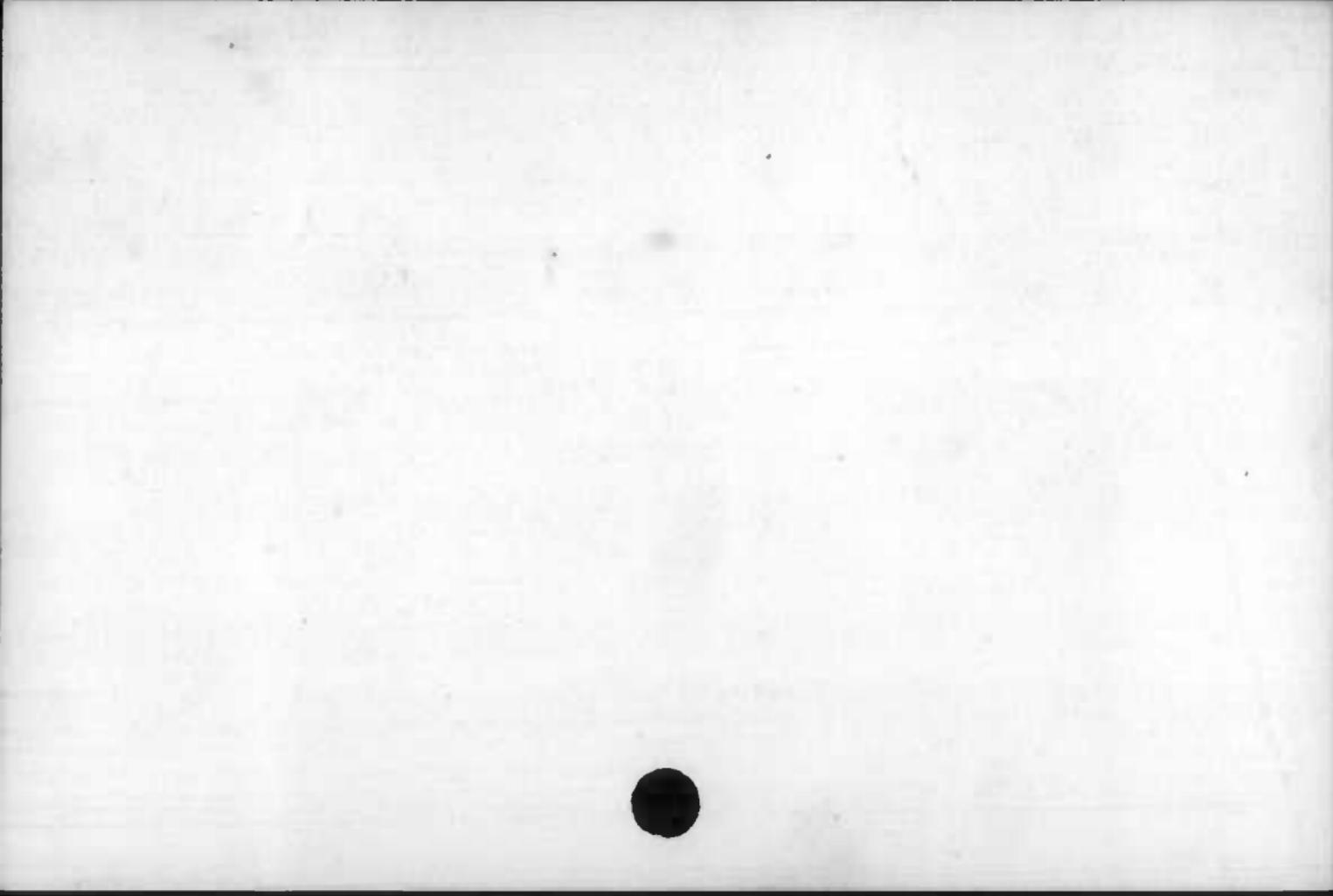
Signature of Physician

J. H. J. Bias

Address

Ten weeks.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. Burton Anderson

Town

Died at
Poole

County

Harford

CERTIFICATE OF DEATH

MARYLAND

Date
of death 1909

Month
April

Day
18

Age
33

Year

Months

Days

Sex
Male

Color or
Race

White

Birth-
place

Harford Co

Occupation

Farmer

Where Residing if not
at place of death

Poole

Married, Single
or Widowed

Married

Name of Wife or
Husband

Anna Cooper

Father's
Name

E. L. Anderson

Father's
Birthplace

New Jersey

Mother's
Maiden Name

Ann M. Singleton

Mother's
Birthplace

Harford Co Md

Name of person giving
Information

Wm. Anderson

How related
to deceased

Brother

CAUSES OF DEATH

93

How long

on work

How long

Primary

Pneumonia following debauch

Immediate

Congestion or filling of lungs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

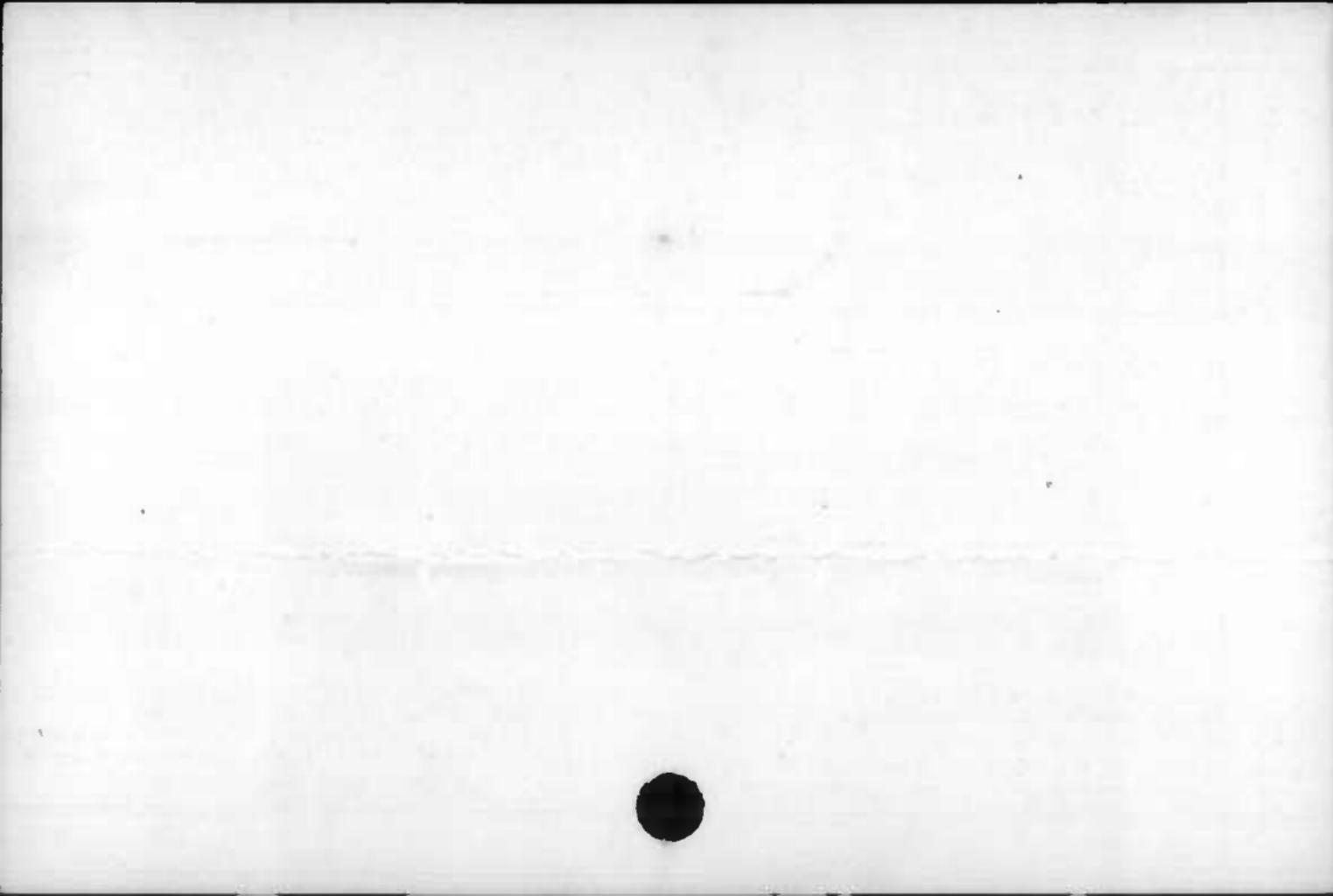
Address

Ephr. Hopkins

Darlington

Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rosie Denora Jane Banks

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	Md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Elarance J. Banks			Father's Birthplace	Md		
Mother's Maiden Name	Martie J. Holland			Mother's Birthplace	11		
Name of person giving information	Charlotte B. Holland			How related to deceased	Granddaughter		

CAUSES OF DEATH

95

How long

3 day

Primary

Congestive Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

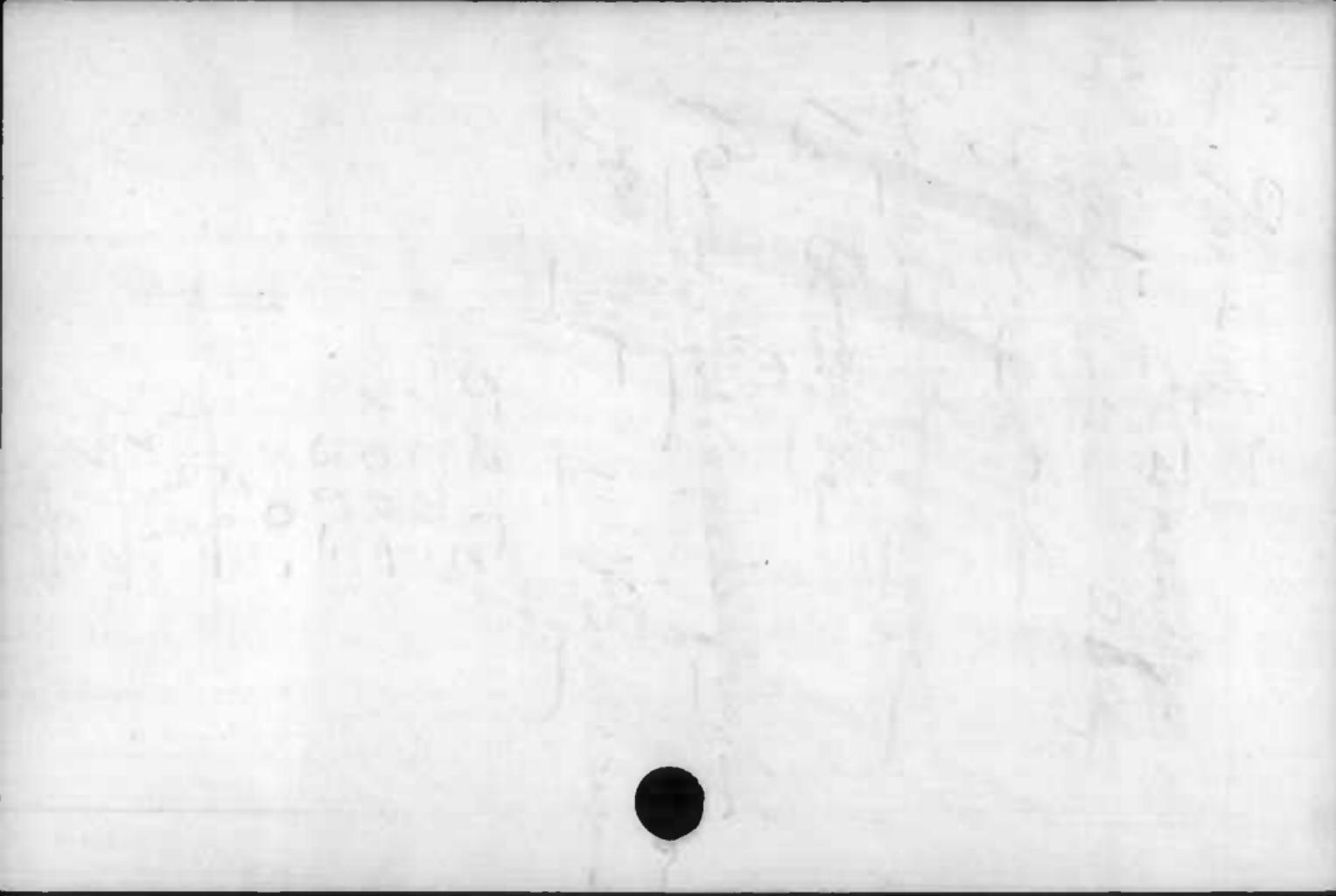
yes

Signature of Physician

Address

J. H. Stier
Physician
Med.

Accident or Suicide?



Name
in
Full

John William Barton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at White Hall Town Maryland

Date of death 1909 Month April Day 18 Years 76 Months 9 Days

Sax Male Color or Race White Birth-place Dublin

Occupation Brantlet Where Residing if not at place of death White Hall

Married, Single
or Widower

Name of Wife or Husband

Anna Eliza Barton

Father's Name

Father's Birthplace

John Barton

Md.

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

Maria Farley

Dublin

CAUSES OF DEATH

Primary

Chronic Cystitis

123

How long

Immediate

6 years

How long

Are the name, age, sex, color, date and place correctly given above?

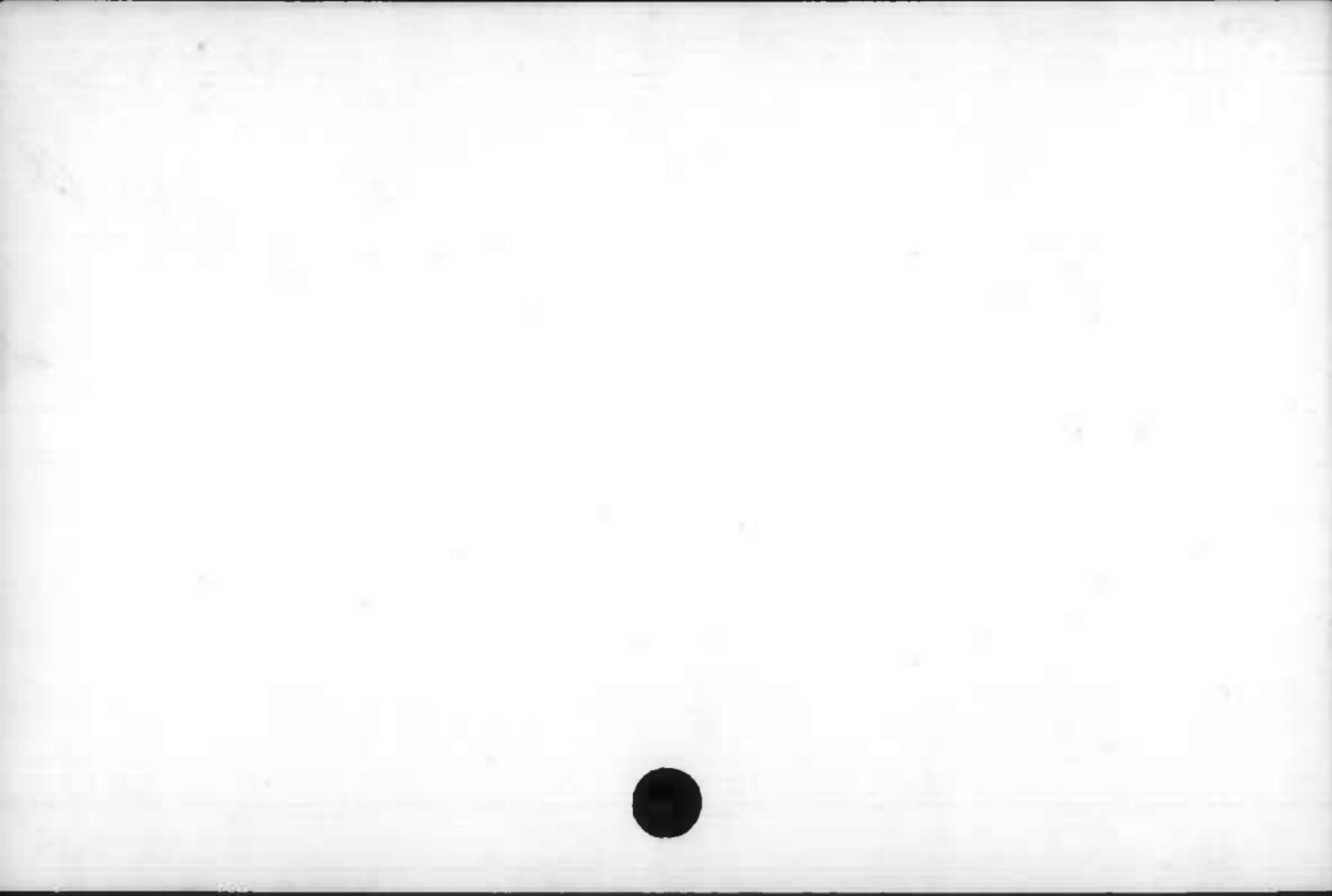
Signature of Physician

Address

T. J. Turner
White Hall
Ind

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lewis Beuus-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Churchville	County	MARYLAND			
Date of death	1909	Month 4	Day 12	Years 60	Months 0	Days 28
Sex	Male	Color or Race	Negro	Birth-place	Virginia	
Occupation	Farm hand	Where Residing if not at place of death	—			
Married, Single or Widowed	married	Name of Wife or Husband	Mary Beuus-			
Father's Name	Thomas Beuus	Father's Birthplace	Virginia			
Mother's Maiden Name	Matheny	Mother's Birthplace	Virginia			
Name of person giving Information	W. S. Gorsuch, M.D.	How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

27

How long 5 months
How long 3 days -
Address W. S. Gorsuch, M.D.
Churchville, Md.

Primary

Pulmonary Tuberculosis

Immediate

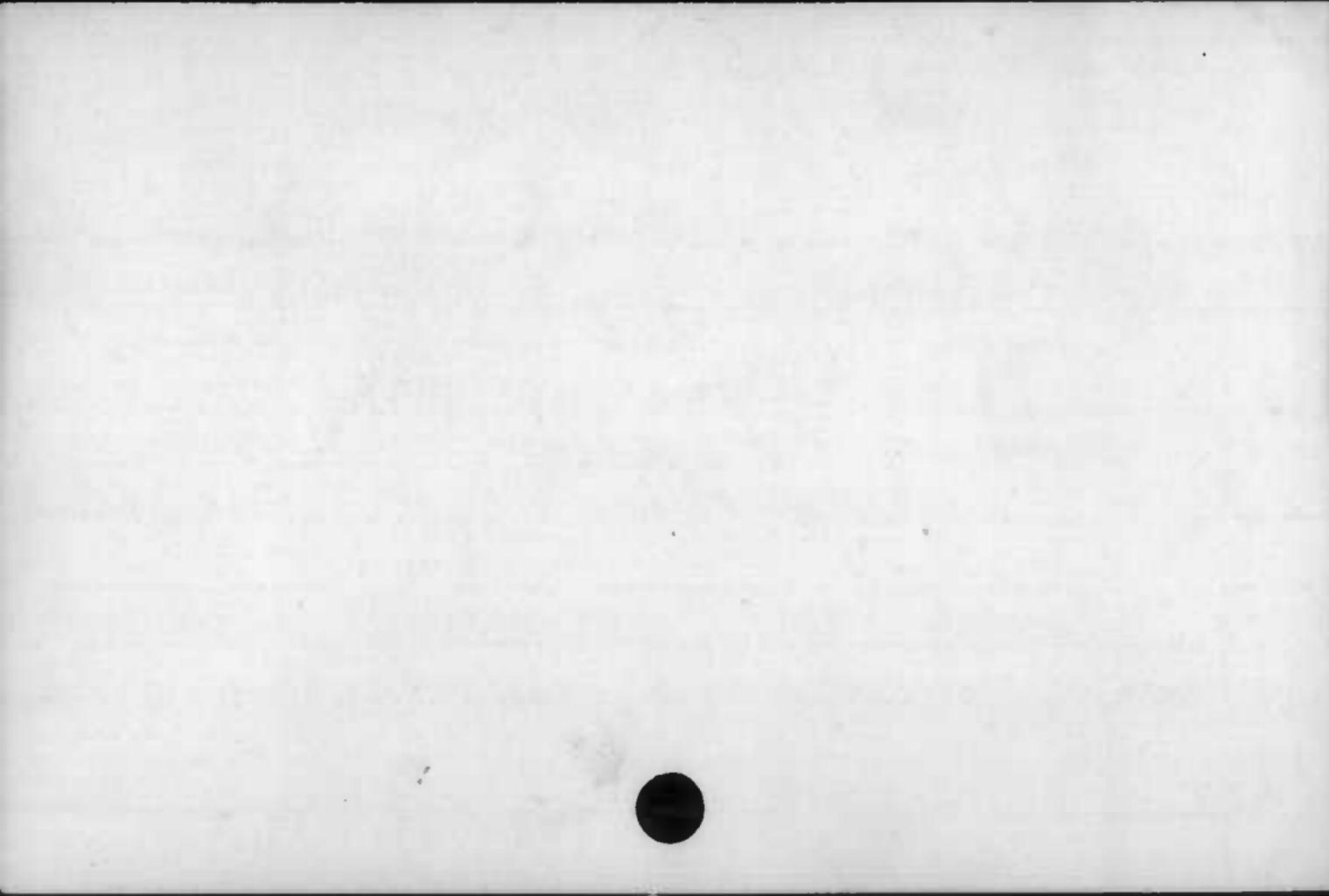
heart failure -

Are the name, age, sex, color, date
and place correctly given above?

Yes -

Signature of
Physician

Accident or Suicide?



Name
in
Full

David O. Bolts.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Dead at	Darlingtown	Harford.			
Date of death	Month	Day	Year	Month	Days
1909	April	14 th	55	7	1
Sex	Male	Color or Race	White	Birthplace	Maryland
Occupation	Dentistry		Where Residing if not at place of death	Sarah B. Snickle	
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah B. Snickle		
Father's Name	Isaac H. Bolts		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary E. Sheridan		Mother's Birthplace	Maryland.	
Name of person giving Information	Eric C. Bolts		How related to deceased	Son	

CAUSES OF DEATH

Primary

Chronicism, Atrial Regurgitation

47

How long

Two years

Immediate

Heart Failure

How long

Two minutes

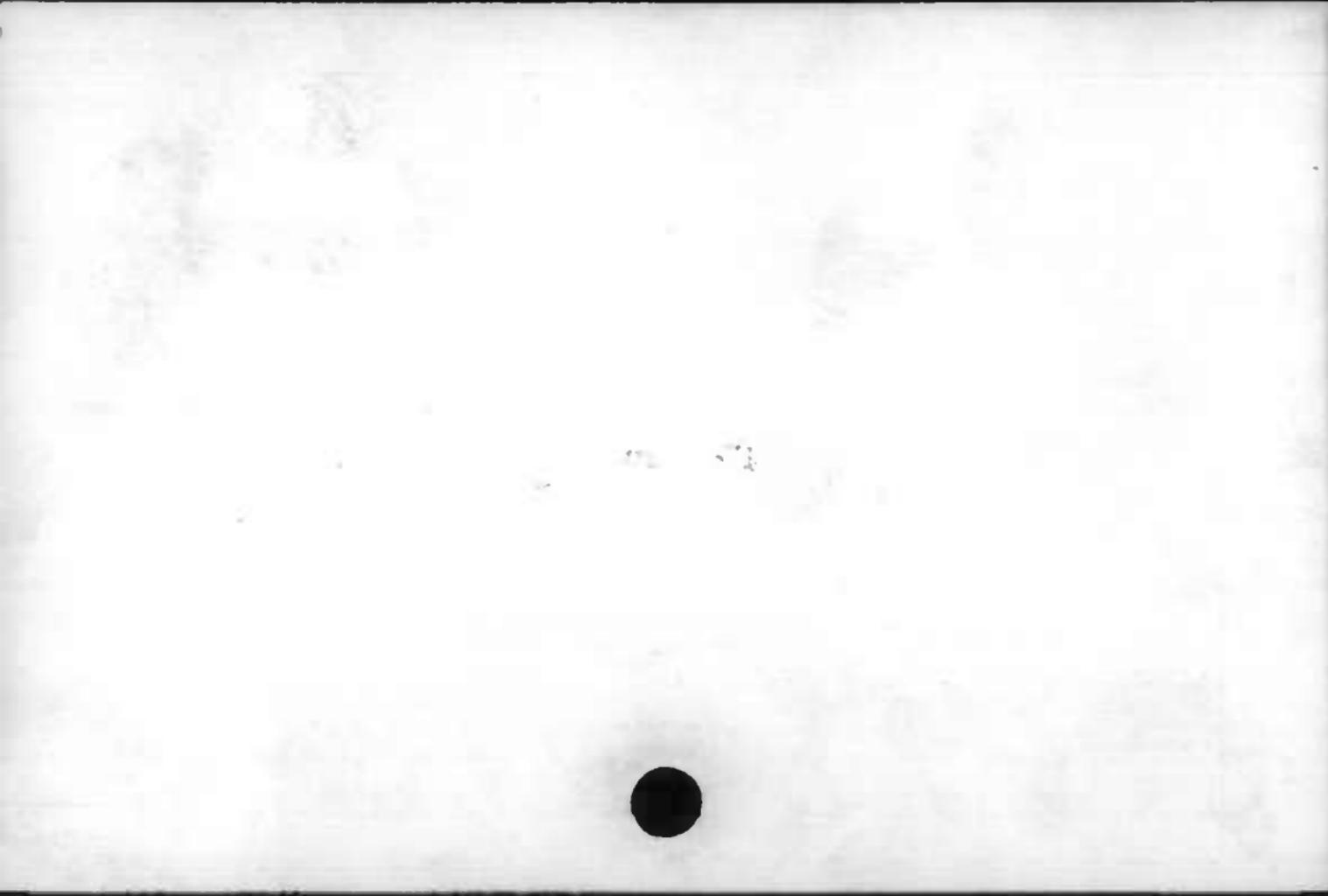
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. Kirk
Darlingtown

Accident or Suicide



Name
in
Full

Samuel Chancy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

Bel Air

Harford

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 Apr 12

Age

44

Sex

Male

Color or
Race

Black

Birth-
place

Baltimore

Occupation

Laborer

Where residing if not
at place of death

Bel Air

Married, Single,
or Widowed

Married

Name of Wife or
Husband

Rebecca Bond

Father's
Name

Unknown

Father's
Birthplace

Mother's
Maiden Name

Mary Chancy

Mother's
Birthplace

Name of person giving
Information

Alice L Rice

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Arterio Sclerosis

93

How long

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

R. S. Ray
Bel Air

Accident or Suicide

McLennan

Name
in
Full

Isaac C Coale

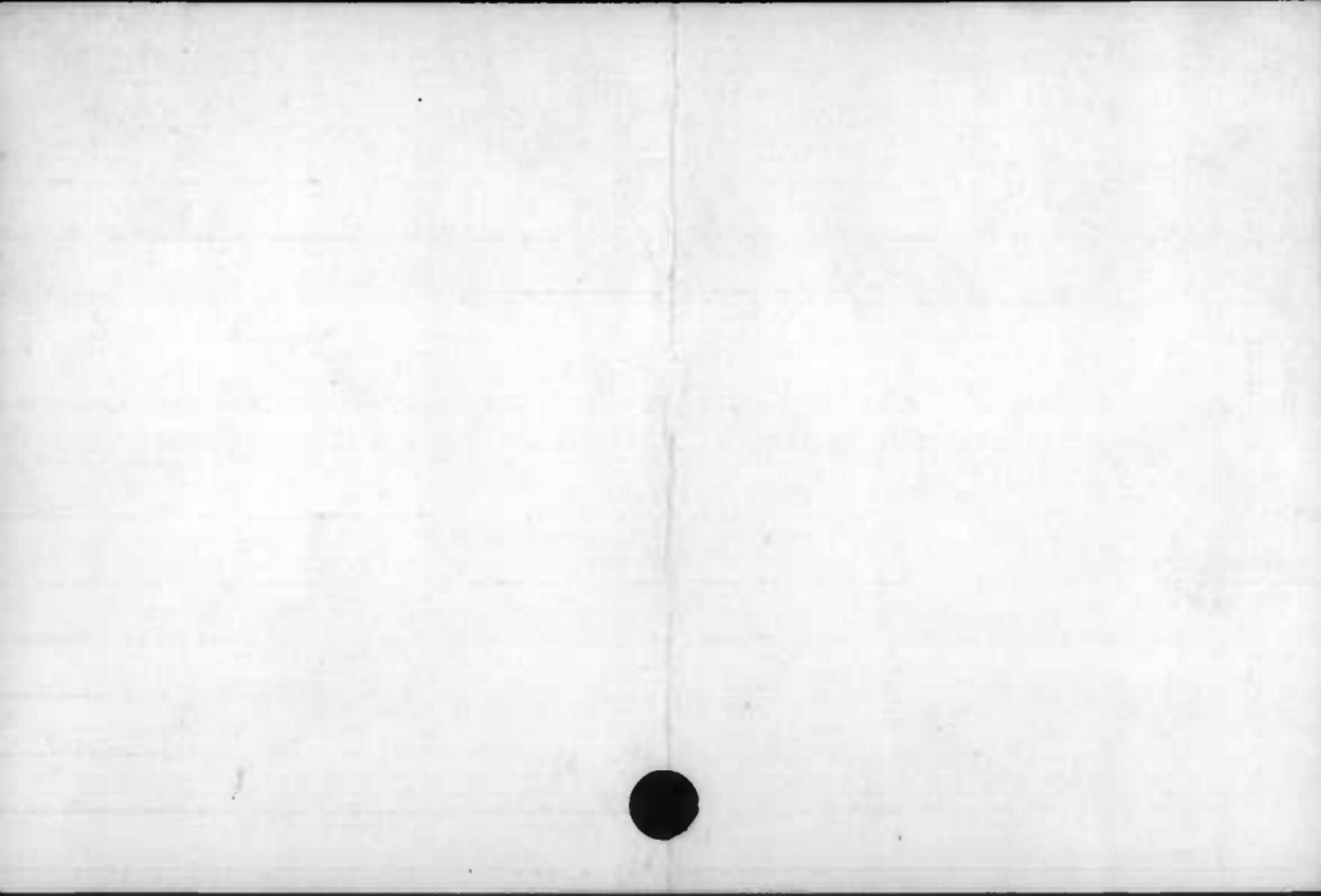
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	73	1	21
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	John W Coale				
Mother's Maiden Name	Casandra Corse				
Name of person giving information	W.W. Cooley				
CAUSES OF DEATH					
Primary	Sipple				
Immediate	Pneumonia				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			J L Sopacua		
			Address		
			Haven de Trocier		
			Md		

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Albert P Cord

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
alduino	Harford		
Date of death	Month	Day	Month
1909	apr	21	
Age	Years	Days	
69			
Sex	Color or Race	Birth- place	
male	white	Not known	
Occupation	Where Reiding if not at place of death		
Farmer	aldino		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
widower	Agnes Dinsmore	Not known	
Father's Name		Mother's Birthplace	
Thos Cord		Not known	
Mother's Maiden Name	- not known	How related to deceased	
Name of person giving Information	Thomas Dinsmore	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grippe

10

How long

1 week

Immediate

Meningitis

How long

2 days

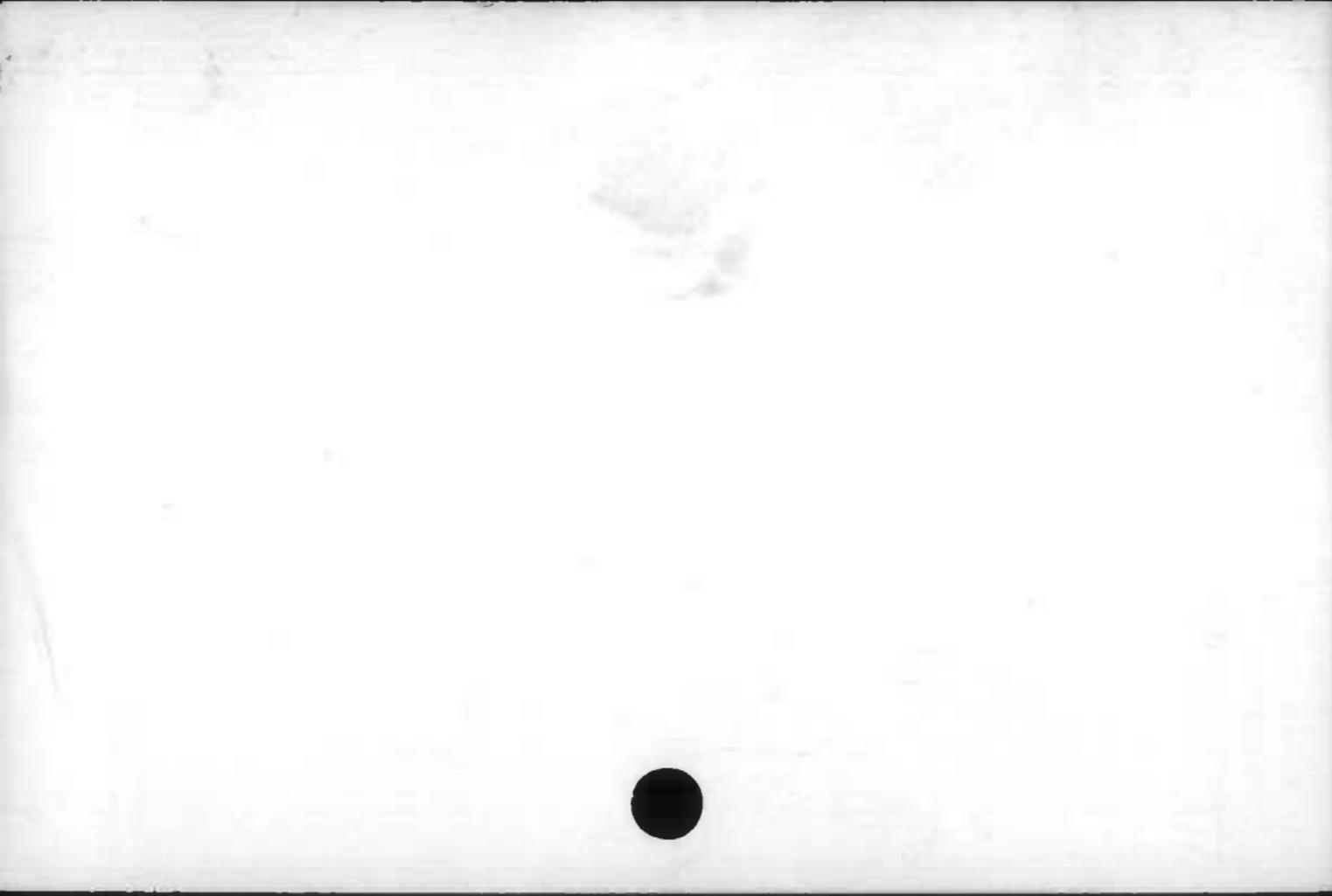
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J L Hopkins
Harbor de Seau
Md

Accident or Suicide



Name
In
Full

Elizabeth P. Courtney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Dear Michaeleville		County Hampstead		MARYLAND		
Date of death 1909	Month Apr	Day 4	Years 70	Months —	Days —	
Sex Female	Color or Race White	Birth- place Pennsylvania				
Occupation Housewife	Where Residing if not at place of death Geo A Courtney					
Married, Single or Widowed Married	Name of Wife or Husband Married					
Father's Name John Taylor	Father's Birthplace Pennsylvania					
Mother's Maiden Name Susan Braniff	Mother's Birthplace " "					
Name of person giving Information Marie Michele	How related to deceased Daughter					

CAUSES OF DEATH

93

How long

1 week

How long

PHYSICIAN
OR CORONER

Primary
Pneumonia

Immediate

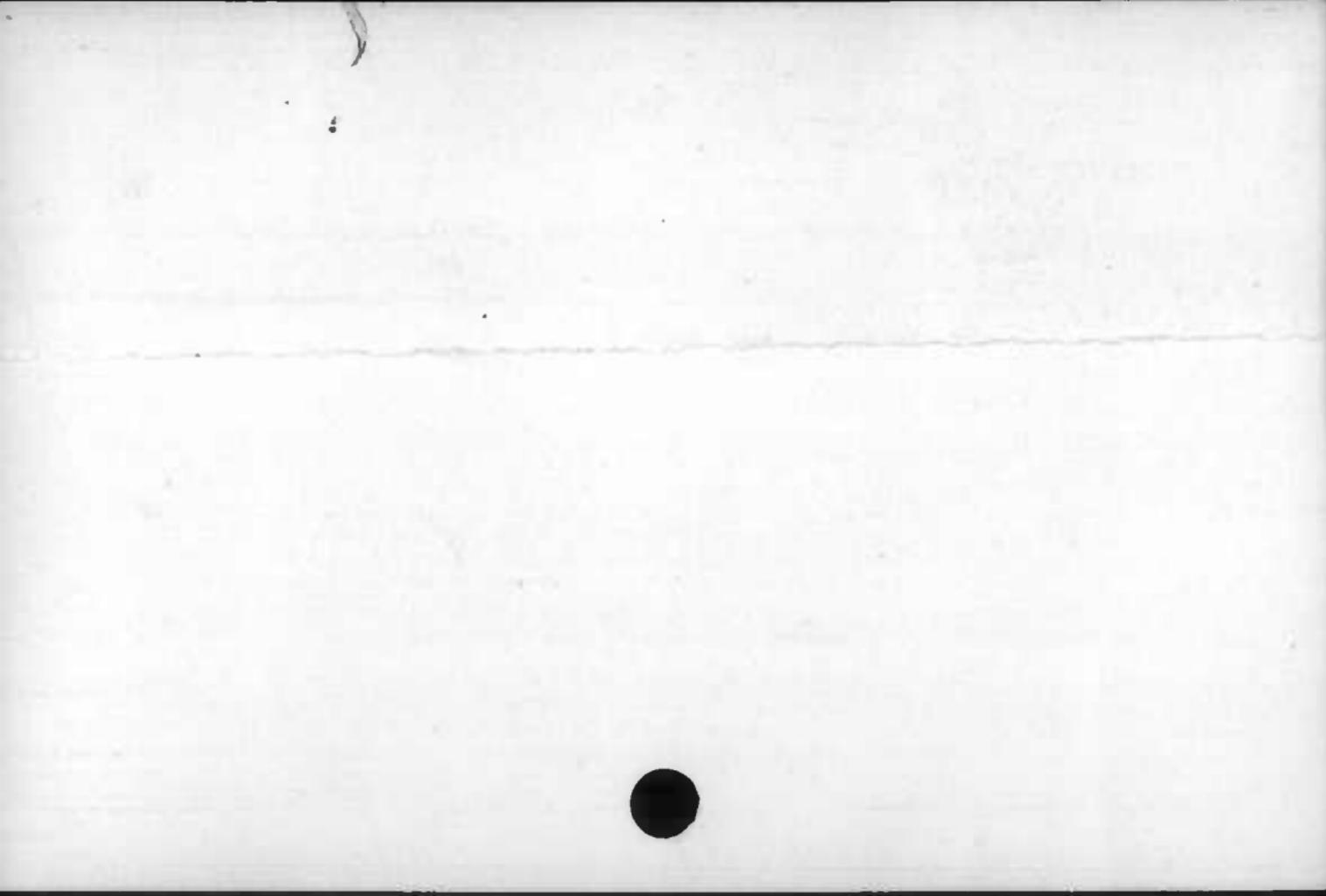
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

James A Kennedy
Wardens Twp

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jeanne Mabel Curtis



CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Castleton		Harford
Date of dea	Month	Day
1909	April	14
		Age
		30 Years
Sex	Color or Race	Months Days
Female	St. Louis	

Occupation	Where Residing if not at place of death
Fine needle work	

Married, Single or Widowed	Name of Wife or Husband
X	

Father's Name	John Bangor, Me.
Egira Mauden Curtis	

Mother's Maiden Name	near Eldon, Md.
Ellen M. Hayes	

Name of person giving information	How related to deceased
Margaret M. Robinson	Sister

CAUSES OF DEATH

48

Primary

Thrombosis

How long

6 yrs

Immediate

Heart Failure

How long

Sudden

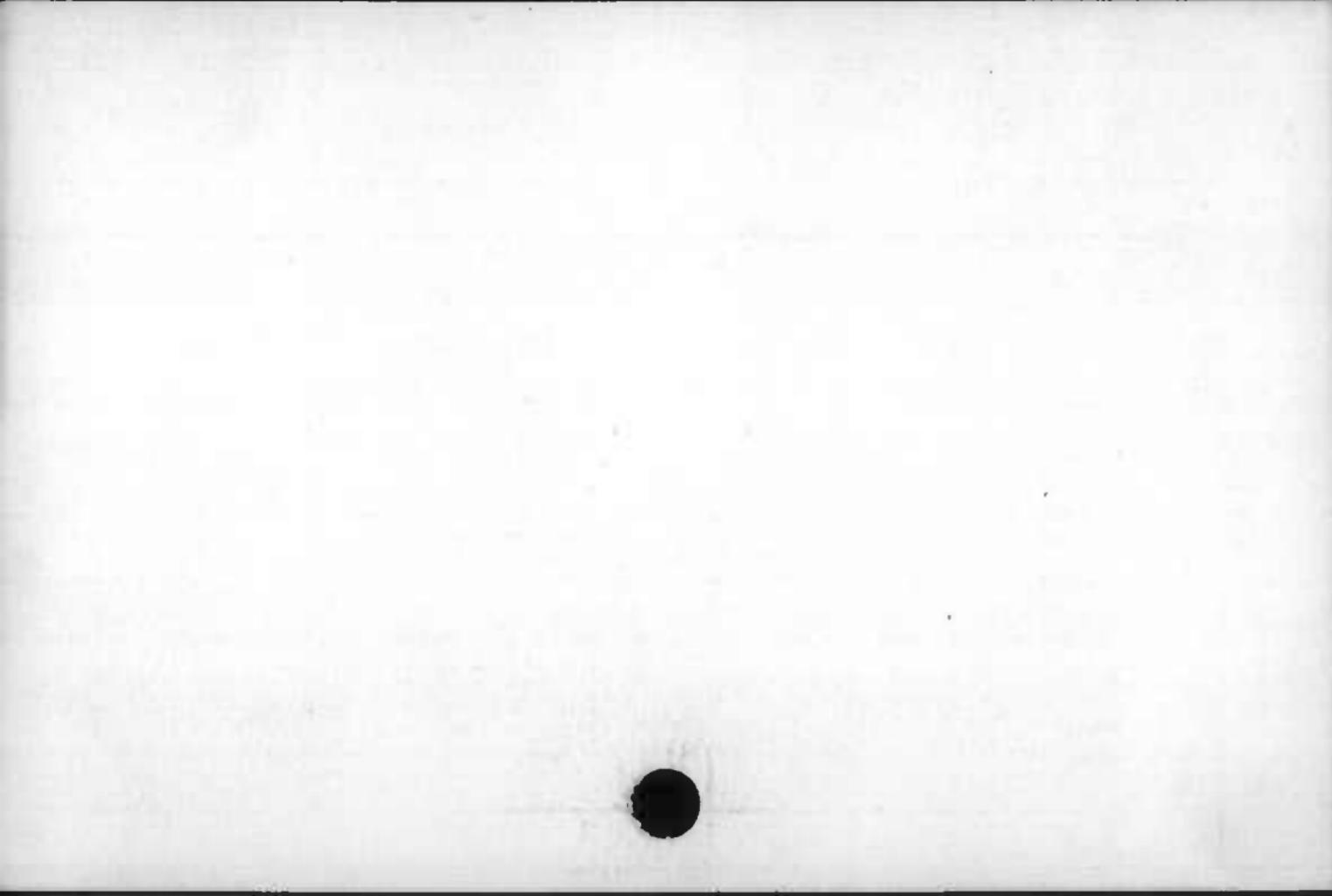
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M.B. Kirk,
Darlington
Md.

Accident or Suicide?



Name
in
Full

Mary Blanch Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disc at	Town	County	X	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

The Rocker The Rocker

Single Thomas Doyle And.
Mary E. Freddie And.
Fred Doyle Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

One year

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

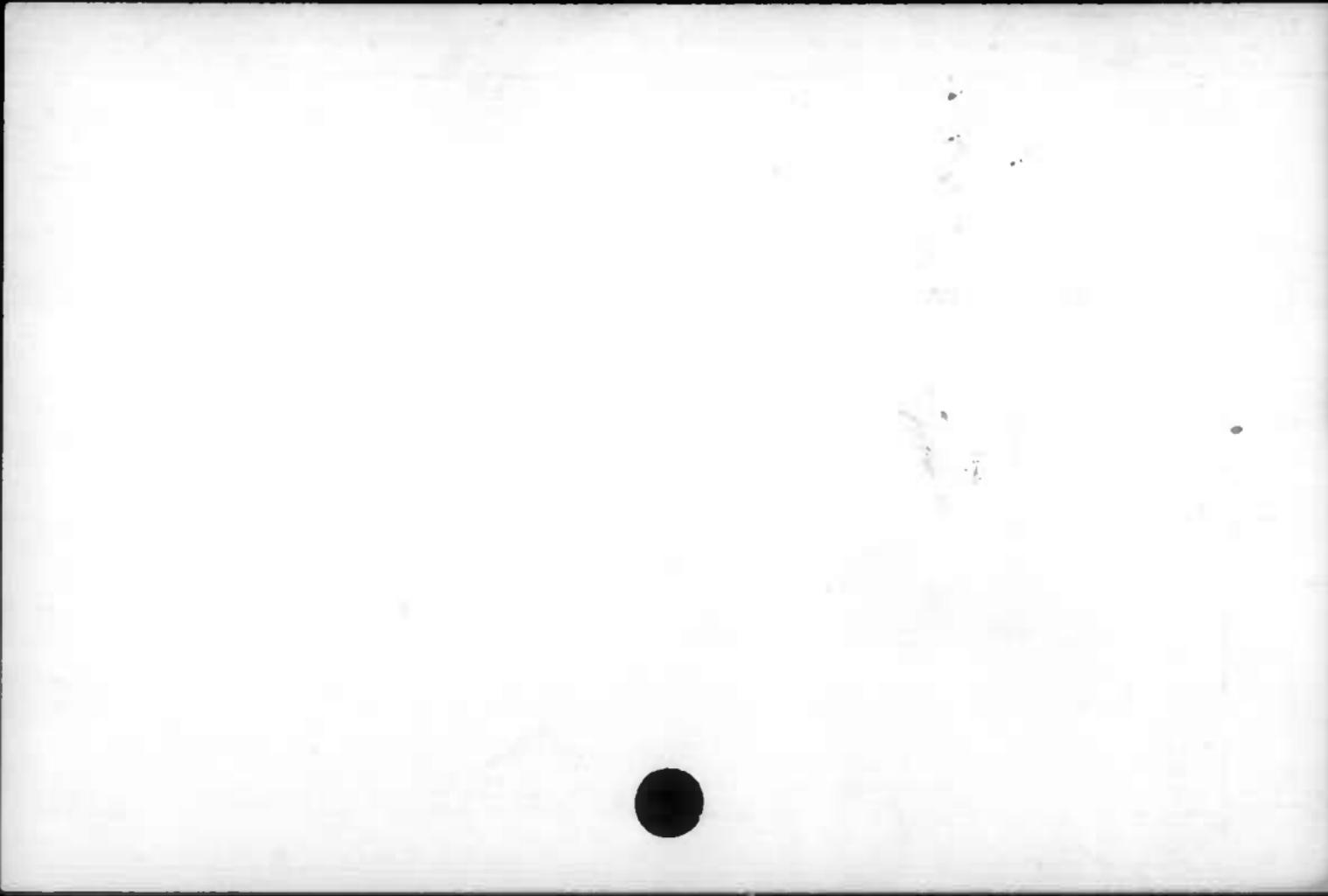
Yes

Address

Charles H. Farnous

Street Rd
Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Johanna Emrich

CERTIFICATE OF DEATH

Town	County	MARYLAND		
Died at	Jarrettsville	Harford	Months	Days
Date of death	1909 April 15	Age 71	2	14
Sex	Male	Color or Race	White	Birthplace
Occupation	Farmer	Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	Catherine Hess	
Father's Name	Henry Emrich	Father's Birthplace	Germany	
Mother's Maiden Name	Klick	Mother's Birthplace	" " "	
Name of person giving information	Henry Emrich	How related to deceased	son	

CAUSES OF DEATH

104

Primary	Gastritis with	How long	3 months
Immediate	Bronchitis & Kidney	How long	5 months
Are the name, age, sex, color, date and place correctly given above?		Signature of physician	John Hall
		Address	White Hall Ma
Accident or Suicide?			

17

18

19

Name
in
Full

William Grayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Forest Hill

Harpford

Date
of death

Month

Day

Years

Month

Days

1909

Apr

6

81

-

-

Age

Sax

Color or
Race

81

Occupation

Male

white

Birth-
place

Ind.

Minutia

Where Residing if not
at place of death

Forest Hill

Married, Single
or Widowed

Name of Wife or
Husband

Mary Barnes

Father's
Name

Martin Grayton

Father's
Birthplace

Mother's
Maiden Name

Hannah Lee

Mother's
Birthplace

Name of person giving
Information

Jennie Grayton

How related
to deceased

Daughter

CAUSES OF DEATH

154

How long

Primary

Old Age

How long

Immediate

" "

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J.P.

F. P. Smithson
Forest Hill Ind

PHYSICIAN
OR CORONER

Accident or Suicide

13

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Haven de Goeie</u>		Town	County <u>Harford</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>October</u>	Day <u>21</u>	Years <u>58</u>	Age <u>58</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Germany</u>		
Occupation <u>Merchandise</u>			Where Residing if not at place of death <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henretta Hamburger</u>			Father's Name <u>not known</u>	Father's Birthplace <u>-</u>	
Mother's Maiden Name <u>not known</u>			Mother's Name <u>not known</u>	Mother's Birthplace <u>-</u>		
Name of person giving Information <u>Salina Hamburger</u>			How related to deceased <u>Daughter</u>			
CAUSES OF DEATH						
Primary <u>Diabetes</u>			<u>50</u>	How long <u>8 yrs</u>		
Immediate <u>11</u>					How long <u>-</u>	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>D. Woodward</u>		Address <u>Haven de Goeie</u>	
Accident or Suicide? <u>No</u>						



Name
in
Full

Hazzard Harris Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Pole Town Tarford County
Date of death 1909 Month apr. Day 29 Years 21 Months 5 Days 38
Sex Male Color or Race Colored Birth-place Tarford Co.

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
Widowed

Married

Name of Wife or
Husband

Julia Harris

Father's
Birthplace

Tarford Co.

Father's
Name

Hazzard Harris Sr.

Mother's
Widder Name

bassandra Clark

Mother's
Birthplace

Tarford Co.

Name of person giving
Information

Hazzard Harris Sr

How related
to deceased

Father

CAUSES OF DEATH

27

How long

Primary

Immediate

Pulmonary Tuberculosis, b. m.

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. H. Tobias,

Darlington,

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Sonia Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Block House	Town	Harford	County	MARYLAND
Date of death	1909	Month April	Day 4	Years about 55	Months years
Sex	Female	Color or Race	Colored	Birth-place	Maryland
Occupation	Servant-		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	George Halland		Apria	Father's Birthplace	
Mother's Maiden Name	unknown		unknown	Mother's Birthplace	
Name of person giving information	Elvina Sumner		none	How related to deceased	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

6 days

Immediate

Pneumonia

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Yes

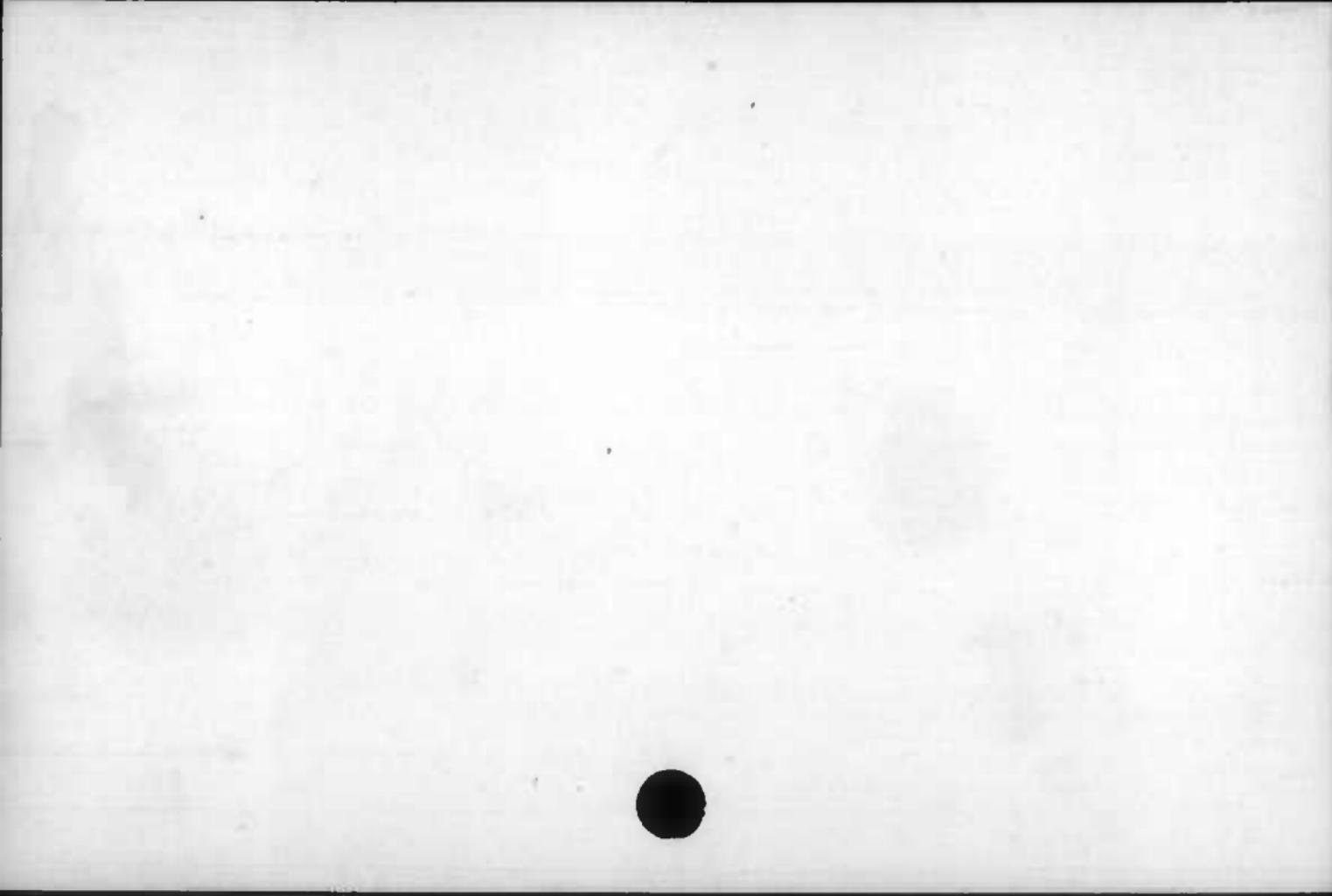
Signature of Physician

W.Millard Stilring

Address

Shane, Md.

Accident or Suicide?



Name
in
Full

John Wesley Hooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Died at	Barsons Run	Harford	
Date of death	Month	Day	Years
1909	Apr	17	58
Age	Months	Days	
Sex	Color or Race	Birth-place	
Male	Black	Not Known	
Occupation	Where Residing if not at place of death		
Farmer	Barsons Run		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Not Known
Single	Stern Hooper	Not Known	
Mother's Maiden Name		Mother's Birthplace	Not Known
Angie Hall		How related to deceased	Wife
Name of person giving information	Olga Hooper	(164)	

Fractured rib, caused by falling tree under which he was caught.

Primary Cause of Death: Tussing

Immediate Cause of Death: Pneumonia

How long: 2 weeks

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas H. Kennedy

Aberdeen Md

Accident or Suicide

Our Country

Name
in
Full

Annie Howlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Barre de Grace	Baltimore	Months	-	Days
Date of death	Month	Day	Age	Years	Months
1909	April	21	78	78	0
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	Home work	Where Residing if not at place of death	B. de Grace		
Married, Single or Widowed	Widow	Name of Wife or Husband	Richard Howlett		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	"	Mother's Birthplace	"		
Name of person giving Information	G. Howlett	How related to deceased	Son		

CAUSES OF DEATH

78

How long

3 mos

How long

12 days

Primary

Myoearditis

Immediate

Septic Pneumonia

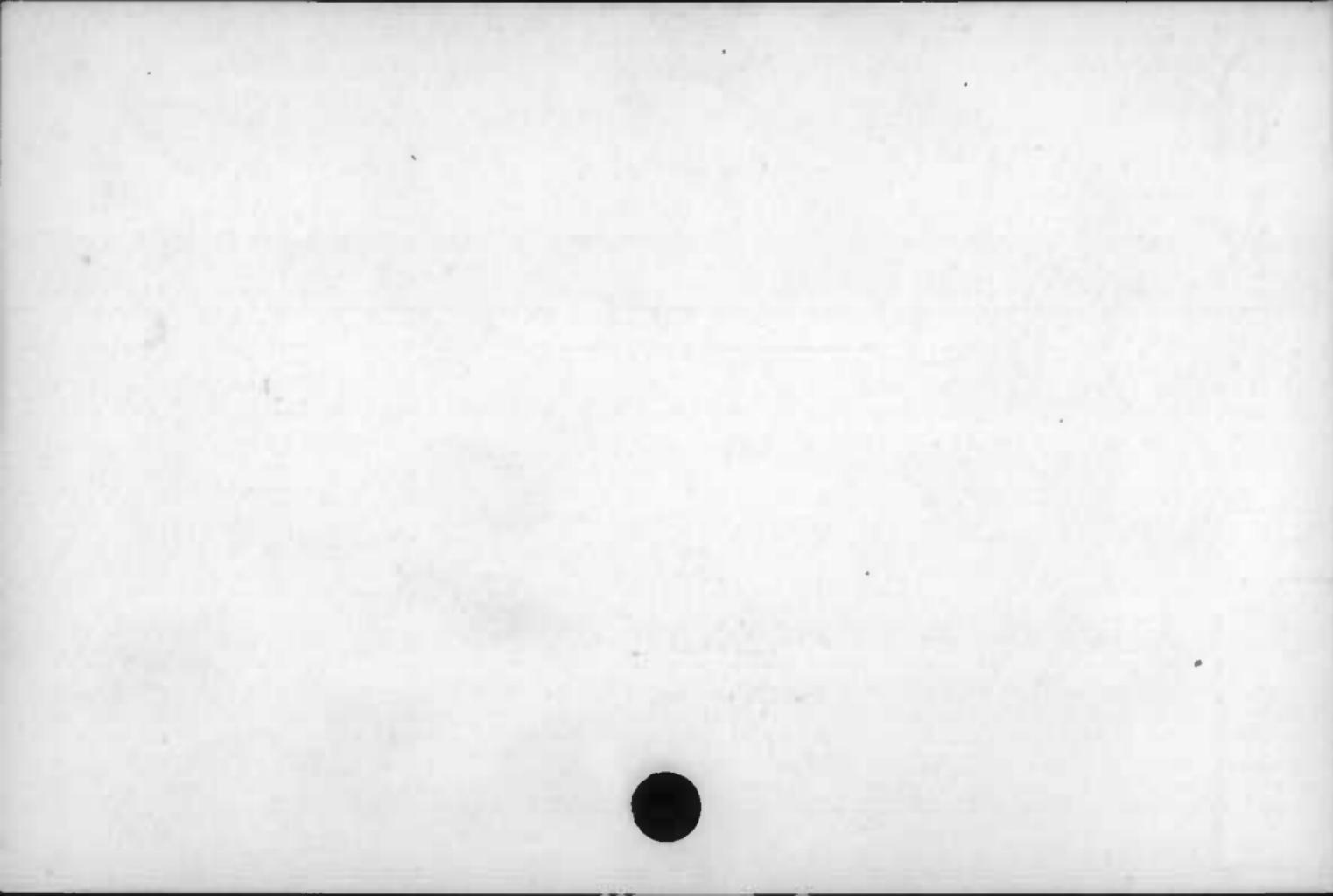
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W Steiger
Barre de Grace
MD

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Julia A Hughes		+ County			
Died at	Town Baltimore	County Harrowd			MARYLAND
Date of death 1909	Month 4	Day 15	Year Age 52	Months —	Days —
Sex Female	Color or Race White	Where Residing if not at place of death Harrowd		Birth- place Harrowd	
Occupation Housekeeping					
Married, Single or Widowed	Name of Wife or Husband Julia Hughes	Father's Name Daniel Morrison	Father's Birthplace Harrowd		
Mother's Maiden Name Julia A Magua			Mother's Birthplace "		
Name of person giving Information Julia Hughes			How related to deceased Husband		

CAUSES OF DEATH

59

Primary

Opium Habit
Atrophy of Heart

How long

5 yr

Immediate

How long

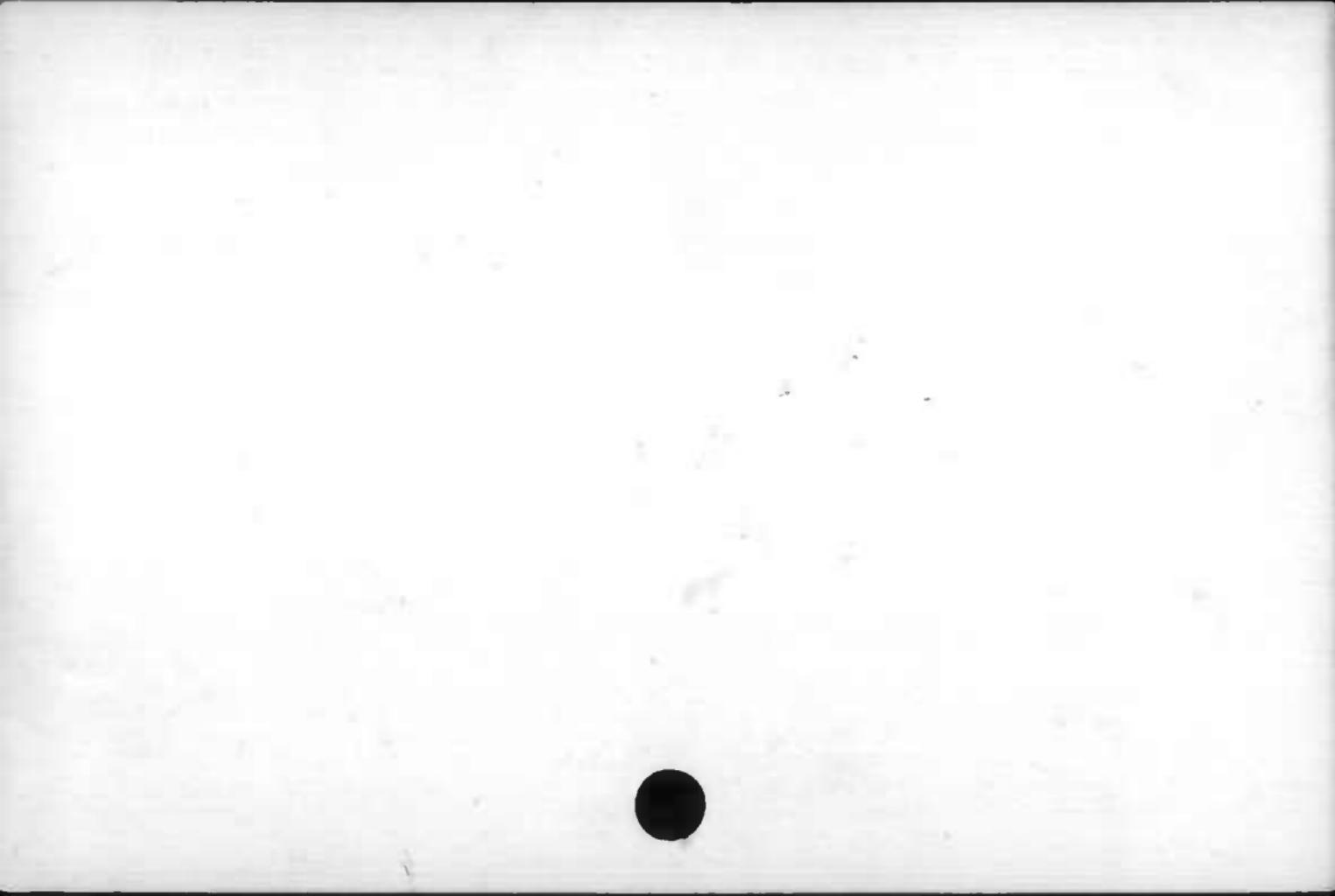
1 yr

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Ridanna Ramsay
Delta Pa

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at			Town	County	MARYLAND
Died at	Haward Grace	Haward			
Date of death	1909	September	6	Age	24
Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Brownsville
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Wilmington Del				
Father's Name	George W. Jackson				
Mother's Maiden Name	George Jackson				
Name of person giving information	Aunie Jackson				
CAUSES OF DEATH					
Primary	Solar Argyromania				
Immediate	Broken Compensation				
Are the name, age, sex, color, date and place correctly given above?					
Signature of Physician					
Address					
Accident or Suicide?					

93

How long

How long

7 days

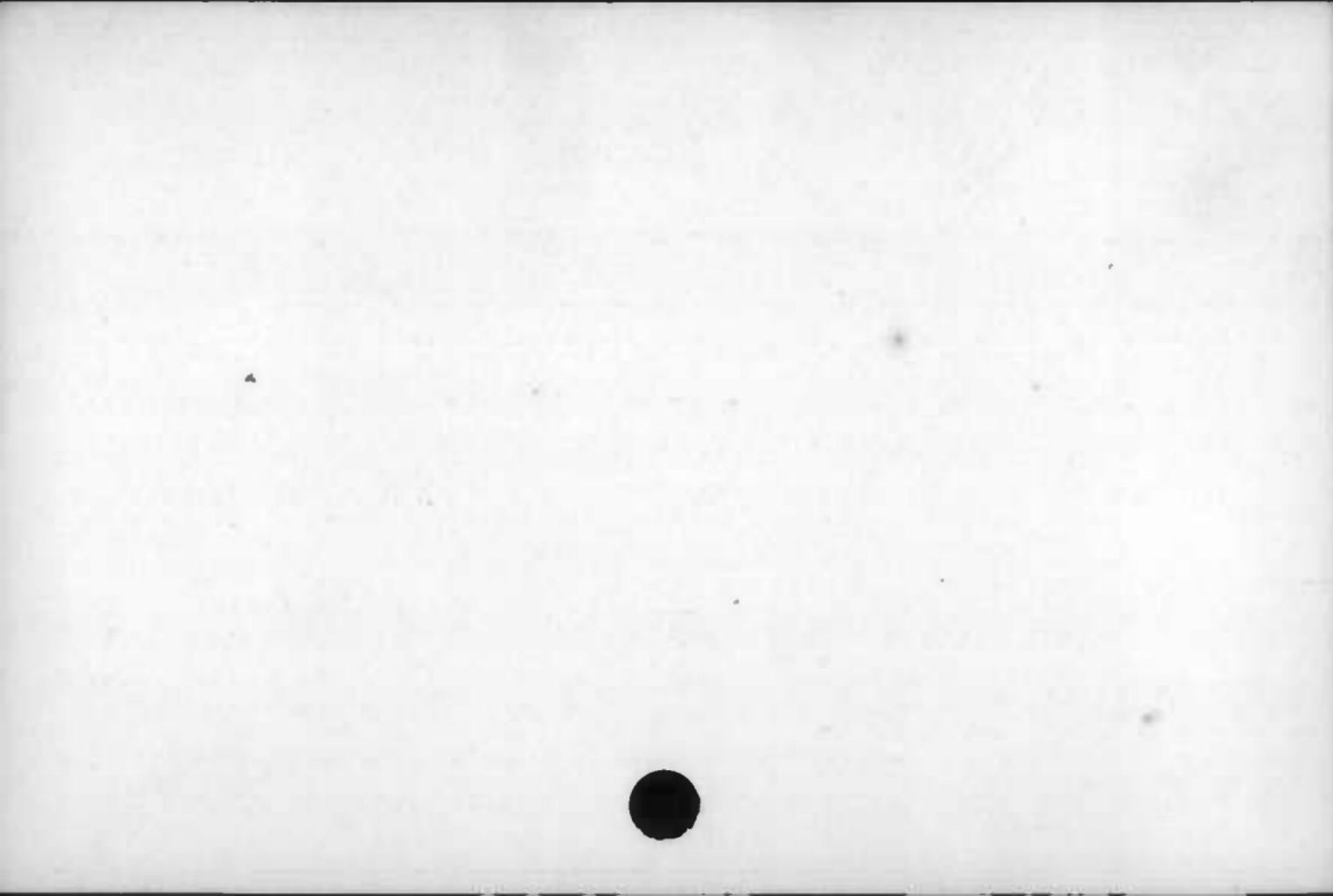
Half hours

Yes

J. W. Steiger

Address

Haward Grace



Name
in
Full

Jacob McKinley Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Bush Chapel County Harford
Date Month Day Age Years Months Days
of death 1909 Apr 20 7
Sex Male Color or Race Black Birth-place Sunnycreek
Occupation Farmer Where Residing if not at place of death Brush Chapel

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jacob S. Johnson

Father's
Birthplace

Not Known

Mother's
Maiden Name

Katife S. Brown

Mother's
Birthplace

Not Known

Name of person giving
Information

Robert B. Johnson

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

2 or 3 years

Immediate

Exhaustion

How long

3 mos

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

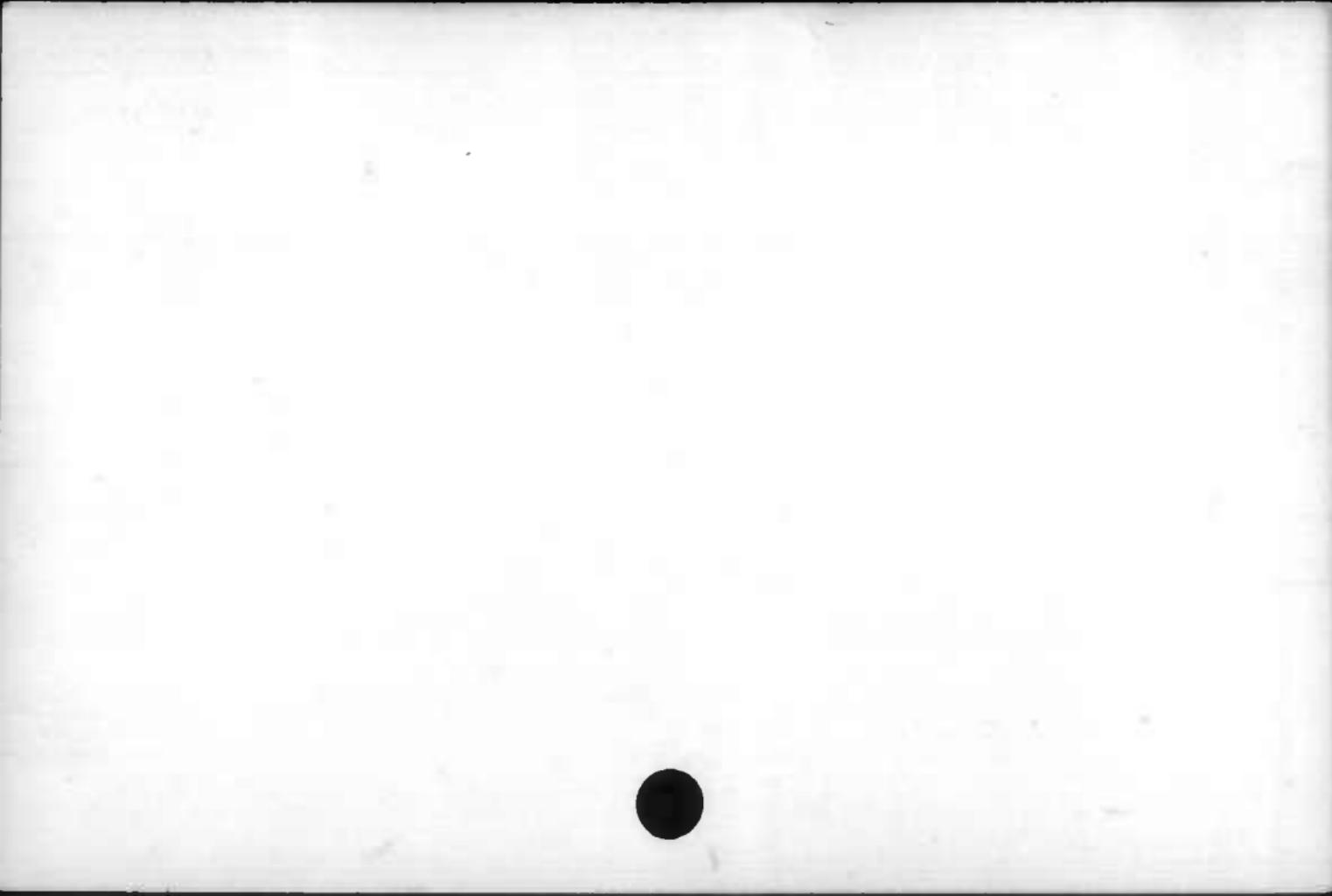
yes

Signature of
Physician

Address

Jas H. Kennedy
Abundine Md

Accident or Suicide



Name
in
Full

Charles Kell

X CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Florence Murray			
Father's Name	Charles Fisher			Father's Birthplace	Harford Co.
Mother's Maiden Name	Martha Kell			Mother's Birthplace	Harford Co.
Name of person giving Information	Florence Murray Kell			How related to deceased	Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Disease			How long	several years
Immediate	Anasarca			How long	six weeks
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	F. E. Rigdon M.D.
				Address	Garrettsville Ind.
age uncertain					
Accident or Suicide?					

Fairview Church

Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Vieta B Klair

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 April

6

69

4

-

Sex

Female

Color or
Race

White

Birth-
place

Harford Co.

Occupation

House wife

Where Residing if not
at place of death

Grace

Married, Single
or Widowed

Married

Name of Wife or
Husband

Pearson D. Klair

Father's
Name

James H. Baldwin

Father's
Birthplace

Harford Co.

Mother's
Maiden Name

Sarah Forsythe

Mother's
Birthplace

Harford Co.

Name of person giving
Information

Mrs William Saunders

How related
to deceased

Daughter

CAUSES OF DEATH

93

Primary

Disbather

How long

3 yrs

Immediate

Pneumonia

How long

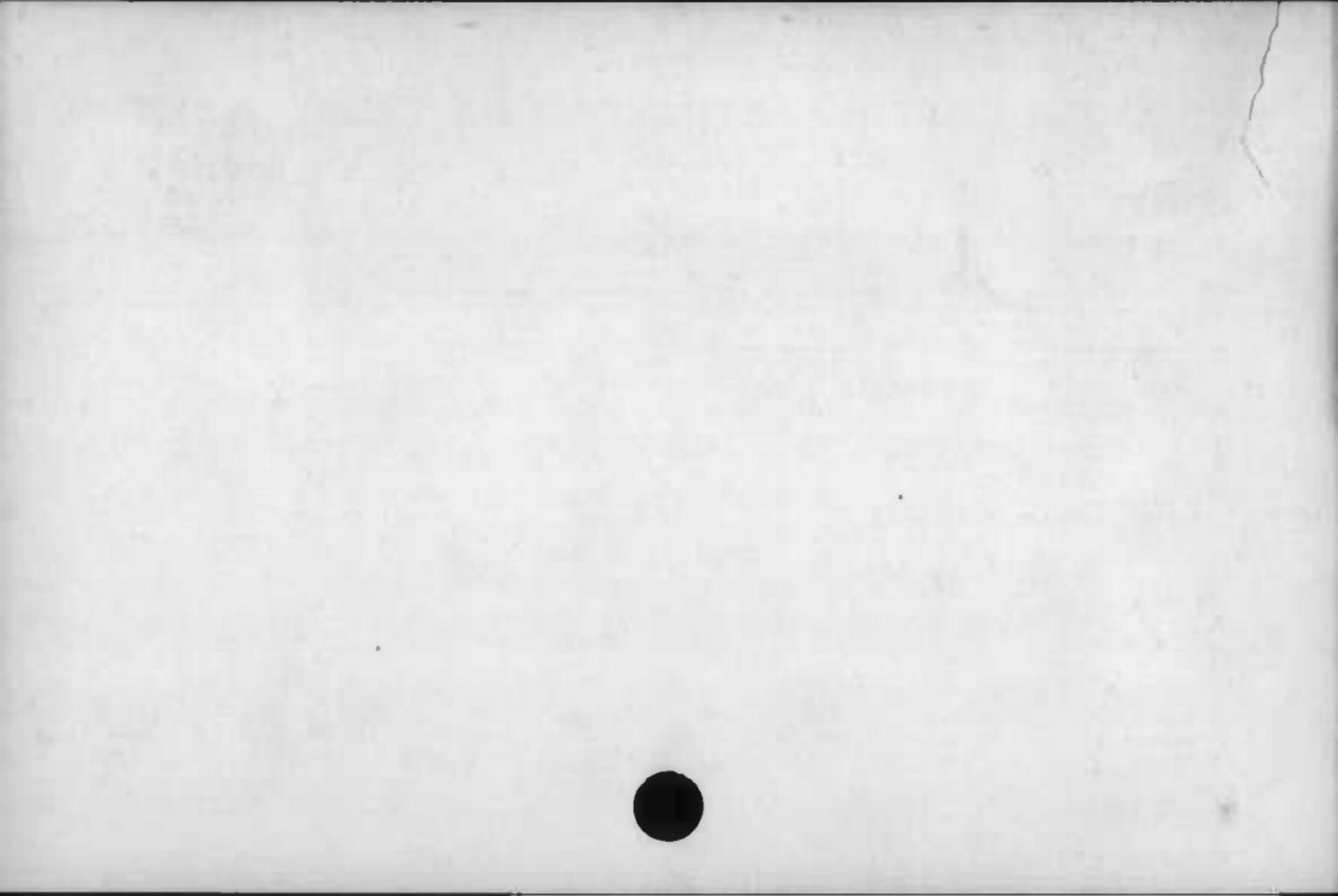
Blocks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Woodward
Grace de Harford

Accident or Suicide?



Name
in
Full

Jennie L. Lagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at near Belair		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1909	April	8	47	6			
Sex	Female	Color or Race	White		Birth-place	Baltimore	
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Peter Burns		Father's Birthplace	Ireland			
Mother's Maiden Name	Alice Reynolds		Mother's Birthplace	Ireland			
Name of person giving information	Sarah Kelley		How related to deceased	Sister			
CAUSES OF DEATH							
Primary	Pulmonary Tuberculosis						
Immediate	Asthma						
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
			Address				
Accident or Suicide?							

27

How long

7 years +
2 weeks

Purnell & Dailey
Bel Air

Long grass

Name
In
Full

Gherera E. Loomis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Allibour</u>	County <u>Stafford</u>	MARYLAND	
Date of death	1909	Month 4	Day 9	Years Age	Months Days
Sex	female	Color or Race	white	Birth- place	md
Occupation		Where Residing if not at place of death			

Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name		<u>J. Edward Loomis</u>	<u>Pa.</u>
Name of person giving Information	<u>Annie Grimes</u>	<u>Annie Grimes</u>	<u>Pa.</u>
	<u>Edward Loomis</u>	<u>Father</u>	

CAUSES OF DEATH

Primary	<u>unknown</u>	179
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

F. Lee Hughes
Bel Air
md.

La Gang

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND									
Date of death	1909	Month	April	Day	13	Years	—	Months	—	Days	4 days				
Sex	Female	Color or Race	White	Birth-place	Maryland										
Occupation	None	Where Residing if not at place of death													
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	J. Franks Sytle	Father's Birthplace	Maryland	Mother's Maiden Name	Anna Webb	Mother's Birthplace	Miss.	Name of person giving Information	Anna Sytle	How related to deceased	Mother

CAUSES OF DEATH

72

Primary

Tetanus neonatorum

How long

two days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

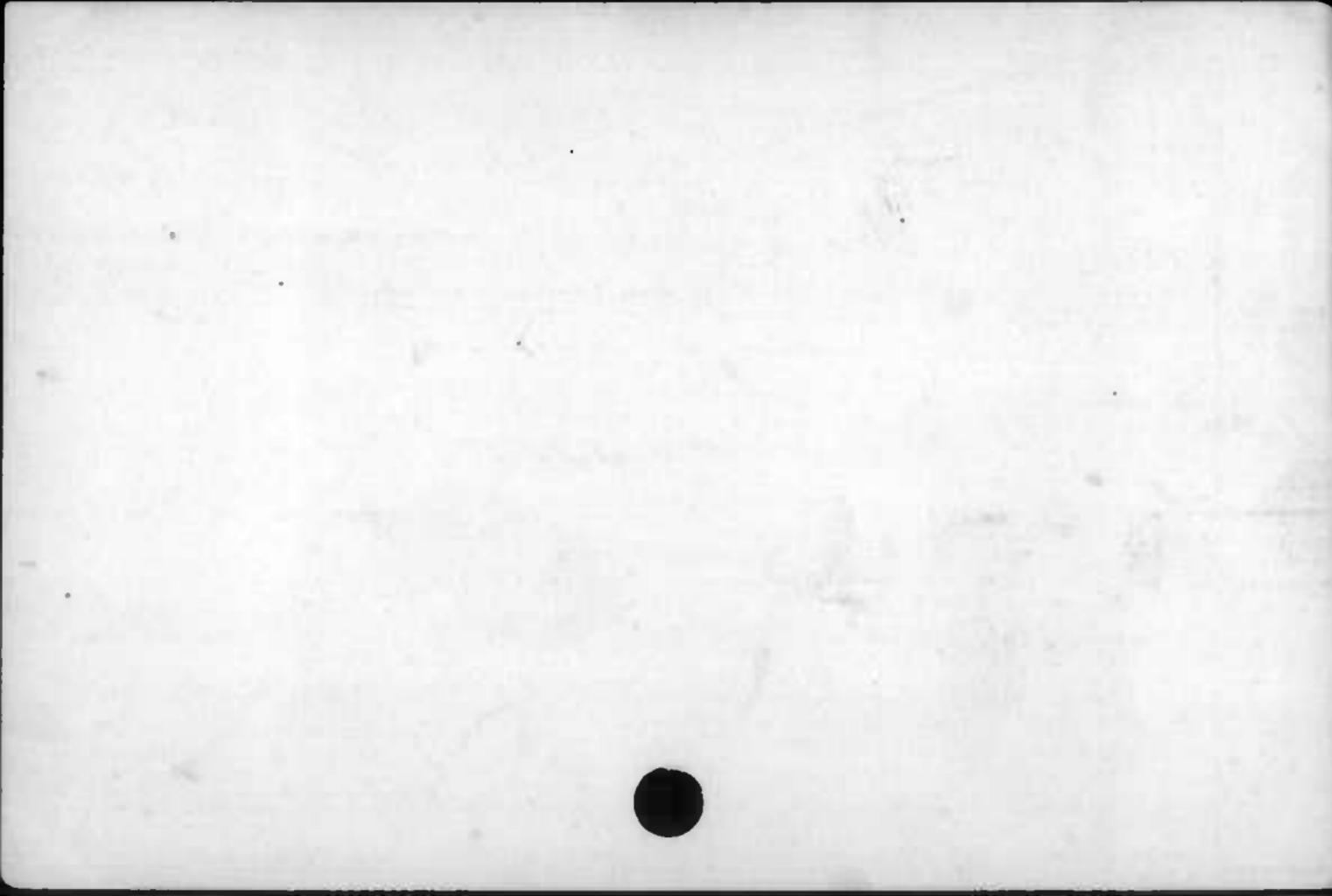
Yes

Signature of Physician

Address

Wm. W. Stirling
ShanorPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Minnie McAllister *

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{own} Whiteford - Md - Harford.

MARYLAND

Date of death	Month	Day	Years	Months	Days	
1909.	April	4	42 Years	Six	25	
Sex	Color or Race	white.	Birth- place	Maryland		
Female.						
Occupation	Where Residing if not at place of death					
Housewife	Whiteford - Md -					
Married, Single or Widowed	Name of Wife or Husband	Alonzo McAllister				
Father's Name	Samuel J Nelson					Father's Birthplace
Mother's Maiden Name	Sarah A Nelson Gordon					Mother's Birthplace
Name of person giving Information	Alonzo McAllister					How related to deceased
						Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

136

Primary Prolonged Difficult Labor.

How long 10 hours -

Immediate Internal Hemorrhage.

2 hours.

Are the name, age, sex, color, date
and place correctly given above?

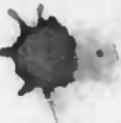
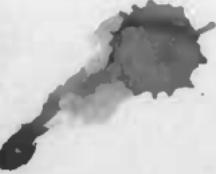
Yes

Signature of
Physician

Valie Hawkins
Fawn Group - Dr

Address

Accident or Suicide?



Name
in
Full

William A McComas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Arlington	Hayford		
Date of death	Month	Day	Years
1909	04	4	Age 70
Sax	Male	Color or Race	Birth-place
Occupation	Cabinetmaker		
Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Alice A McComas	
Married		Father's Birthplace	2nd
Father's Name	John A McComas		
Mother's Maiden Name	Anna Hunter		
Name of person giving Information	Howard K McComas		
How related to deceased	Son		

CAUSES OF DEATH

64

How long

Instant

How long

10 days

Primary

Apoplexy

Immediate

Paralysis & exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. A. Callahan

Address

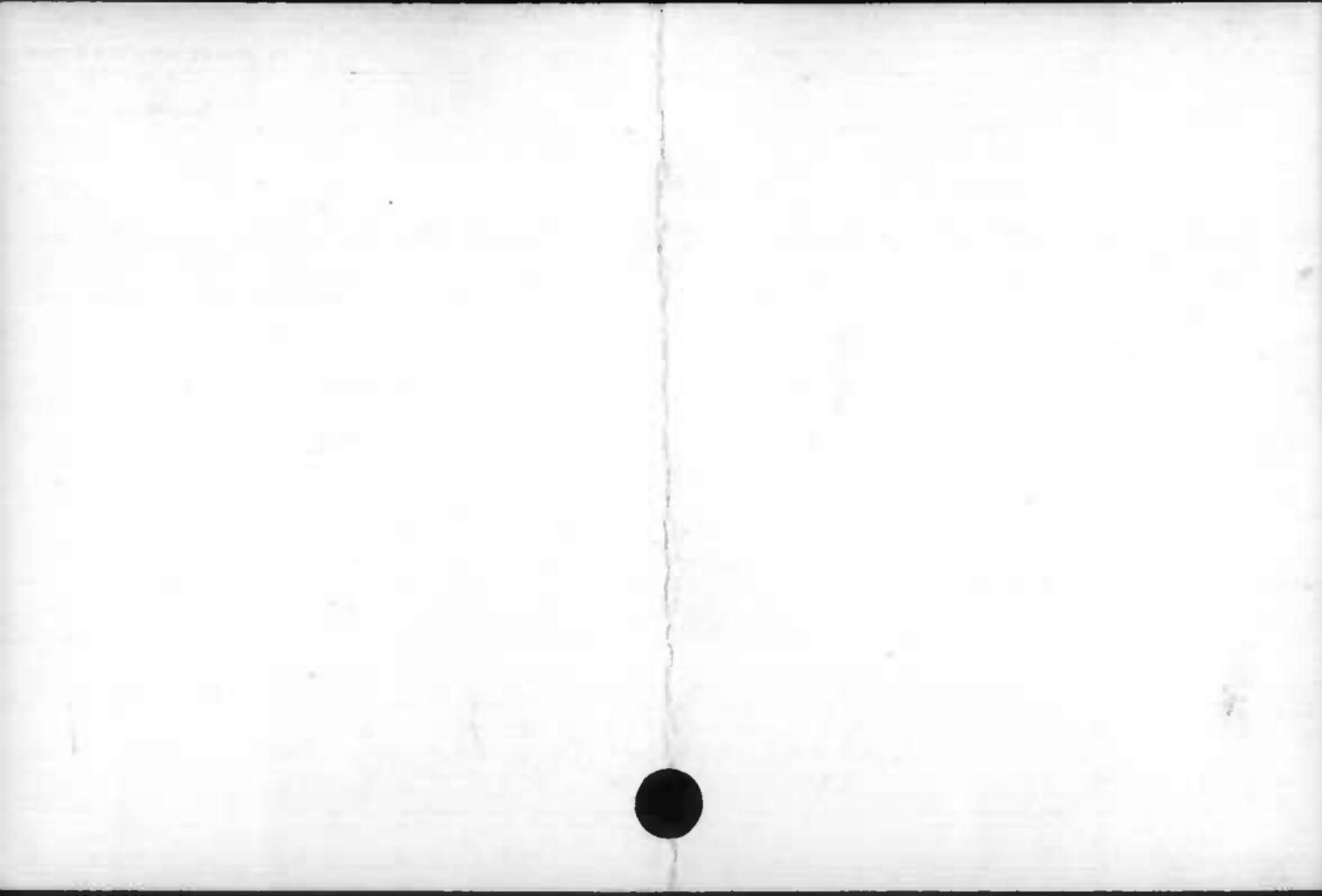
Belcamp

MD

PHYSICIAN
OR CORONER

Accident or Suicide

MD



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Elizabeth Mason					CERTIFICATE OF DEATH	
Died at	Town	County				
Date of death	Month	Day	Year	Age	Months	Days
Sex	Color or Race	White			Birth-place	
Occupation	Houskeeping					Where Residing if not at place of death
Married, Single or Widowed	Widow	Name of Husband	Benjamin G Mason			
Father's Name	Thomas B Devoe					Father's Birthplace
Mother's Maiden Name	Mary A Zylle					Mother's Birthplace
Name of person giving information	Edward Mason					How related to deceased
CAUSES OF DEATH						104

Primary

Acute Indigestion

How long

18 hours

Immediate

Heart Failure

How long

suddenly

Are the name, age, sex, color, date and place correctly given above?

yes

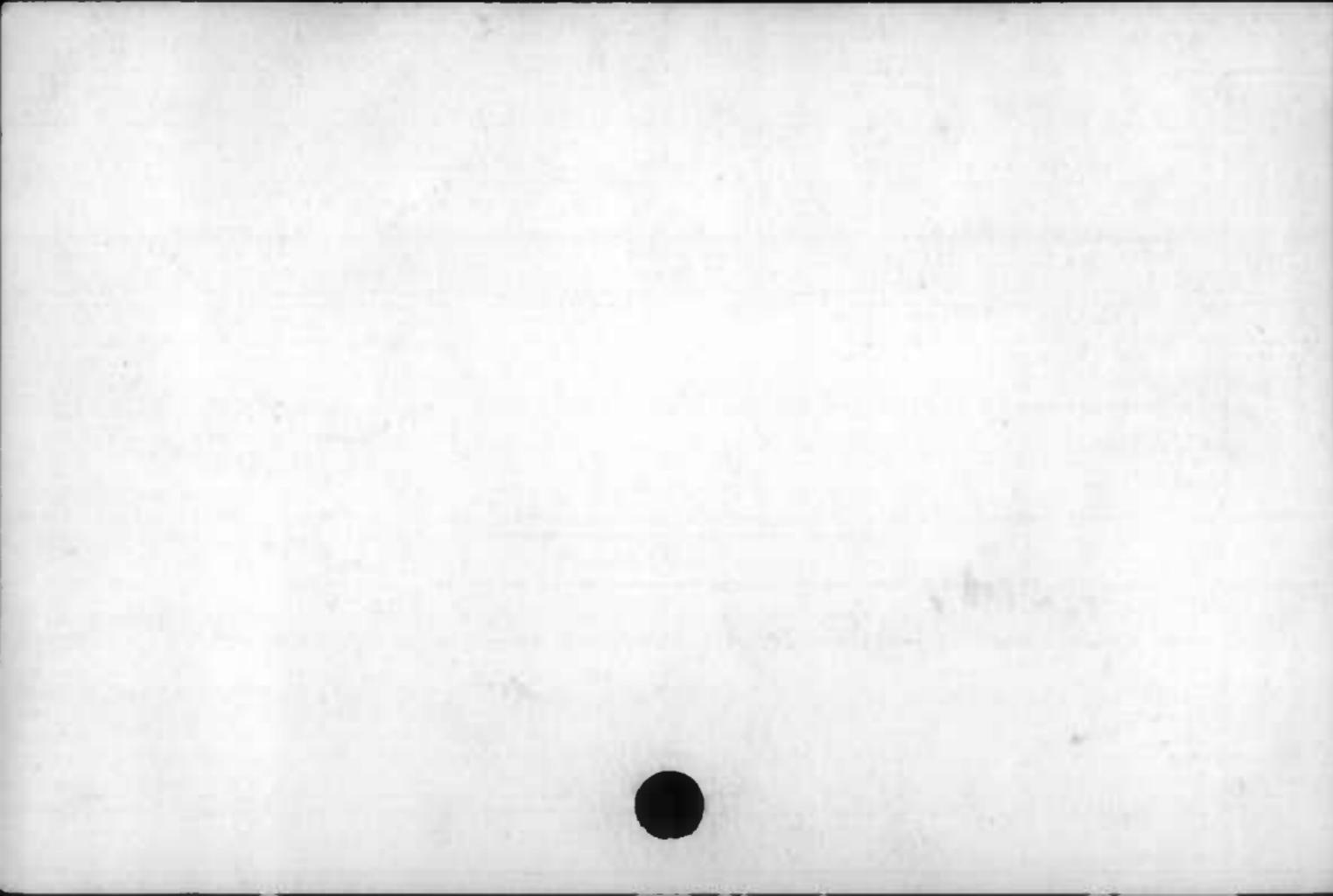
Signature of Physician

H. T. Bradley

Address

Garnettville Ind

Accident or Suicide?



Name
in
Full

Blanche Mason

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Havre de Grace</u>		County <u>Harford</u>				
Date of death <u>1909</u>	Month <u>April</u>	Day <u>21</u>	Year <u>—</u>	Age <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Havre de Grace</u>		
Occupation <u>none</u>	Where Residing if not at place of death			<u>" " "</u>		
Married, Single or Widowed	Name of Wife or Husband <u>none</u>			Father's Name <u>Robert Mason</u>	Father's Birthplace <u>Balto.</u>	
Mother's Maiden Name <u>Carrie Barnes</u>				Mother's Birthplace <u>Havre de Grace</u>		
Name of person giving information <u>Robert Mason</u>				How related to deceased	<u>Father</u>	

CAUSES OF DEATH

150

How long

6 weeks

How long

14 weeks

PHYSICIAN
OR CORONER

Primary

Hydrocephalus

Immediate

Ex haemoptoe

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

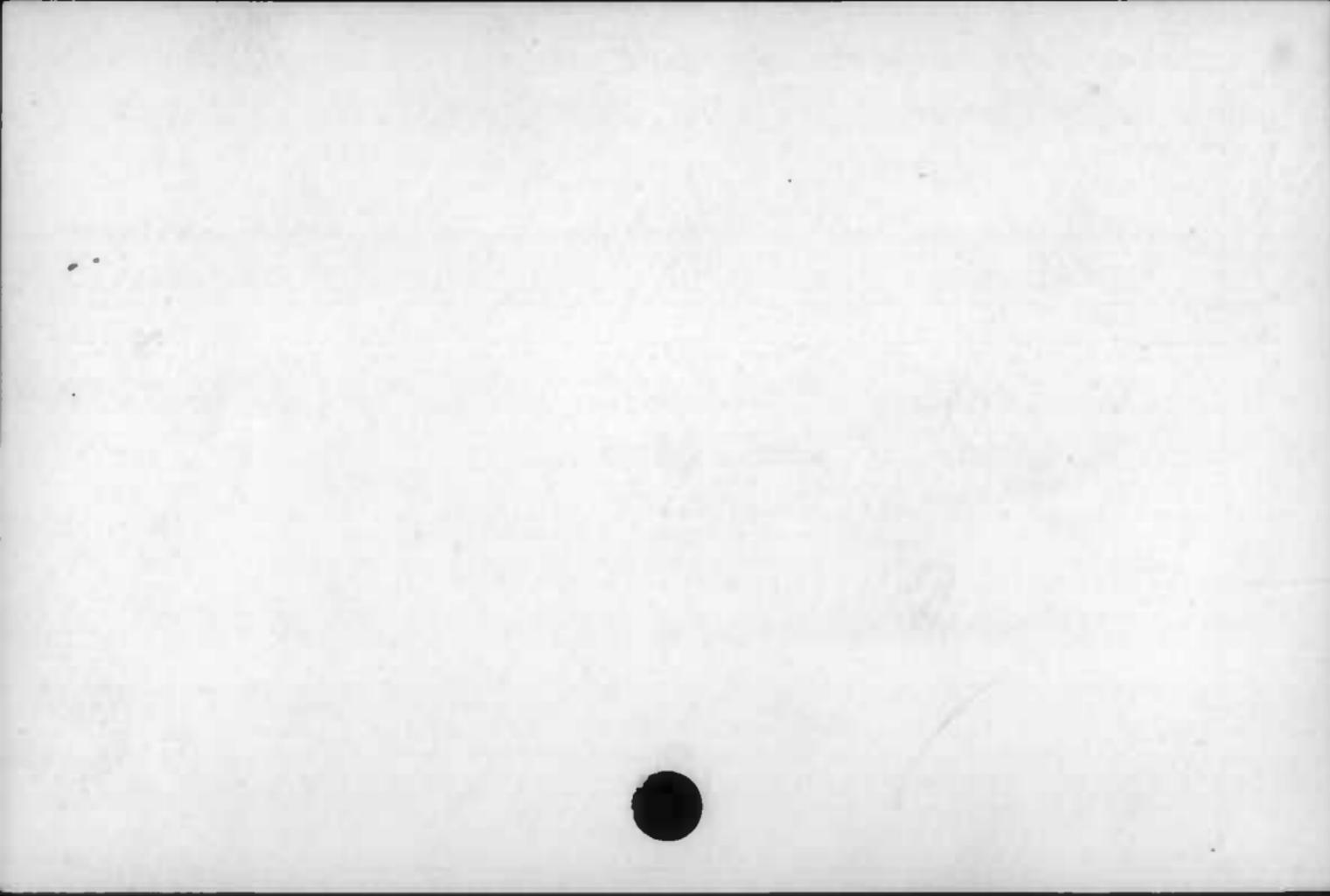
Address

J. W. Steiger

Havre de Grace

MD

Accident or Suicide?



Name
in
Full

Geo. Marion Mitchell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	West Grove	Harford	
Date of death	Month	Day	Years
of death 1909	Apr	1	68
Sex	Age	Months	Days
Male	white		
Occupation	Color or Race	Birth-place	
Farmer		Perryman's	
Married, Single or Widowed	Where Residing if not at place of death		
Father's Name	Name of Wife or Husband	Father's Birthplace	near Aberdeen
Mother's Maiden Name	Sylvester Mitchell	Mother's Birthplace	not known
Name of person giving Information	Sarah A. Dossen	How related to deceased	Bro
	John Mitchell	(66)	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long
4 mos

Immediate

6

How long

Are the name, age, sex, color, date
and place correctly given above?

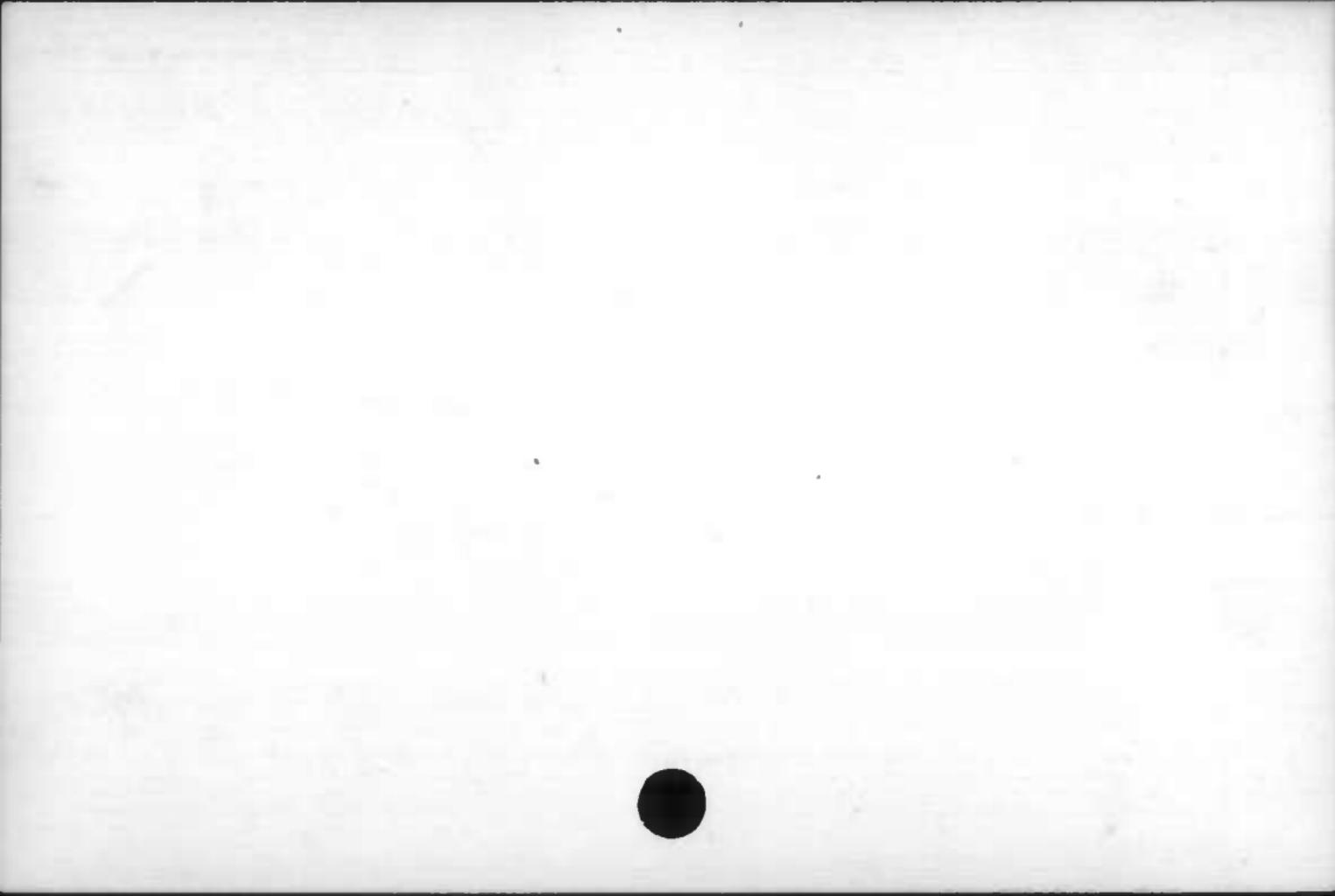
glo

Signature of Physician

Address

J. H. Miller
Perryman
Md.

Accident or Suicide



Name
in
Full

Mary b. Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1909	Apr	13	Age 70	4 22
Sex	Color or Race	Birth-place		
Female	White	Md.		
Occupation	Where Residing if not at place of death	Fulford Rd.		
Married, Single or Widowed	Name of Wife or Husband	Richard F. Moran		
Father's Name	Samuel Hubbard	Father's Birthplace	Md.	
Mother's Maiden Name	Mary Love	Mother's Birthplace	Md.	
Name of person giving Information	Robert H. Moran	How related to deceased	Son	

CAUSES OF DEATH

93

How long

8 days

How long

2 days

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Abruon and Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. A. Callahan

Address

Belcamp
Md.

I

Accident or Suicide

No

Mount Zion

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Alfonso Morgan

CERTIFICATE OF DEATH

Died at Vale

Town

County

MARYLAND

Date of death 1909 Month Apr Day 23 Years _____ Months _____ Days 5.

Sex Male

Color or Race

Age _____

Birth-place

Months _____

Days 5.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Nathan Morgan

Father's Birthplace

Penna

Mother's Maiden Name

Seretta James

Mother's Birthplace

Md.

Name of person giving
Information

Nathan Morgan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Atelectasis

How long

2 days

Immediate

asphyxia

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

A. F. Van T. G. S. D.

Address

13 Calais

Accident or Suicide?

No

Md.

Henderson Heel

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Rosetta O. Peaco Quarles

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month April	Day 20	Years —	Months "	Days 29
Sex	Female	Color or Race	Black	Birth-place	Havre de Grace	
Occupation	none	Where Residing if not at place of death			" " "	
Married, Single or Widowed		Name of Wife or Husband	None			
Father's Name	Sylvester Quarles	Father's Birthplace	Virginia			
Mother's Maiden Name	Elice Peaco	Mother's Birthplace	Havre de Grace			
Name of person giving information	Sarah E Peaco	How related to deceased	Grandmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

27

How long

3 mo

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

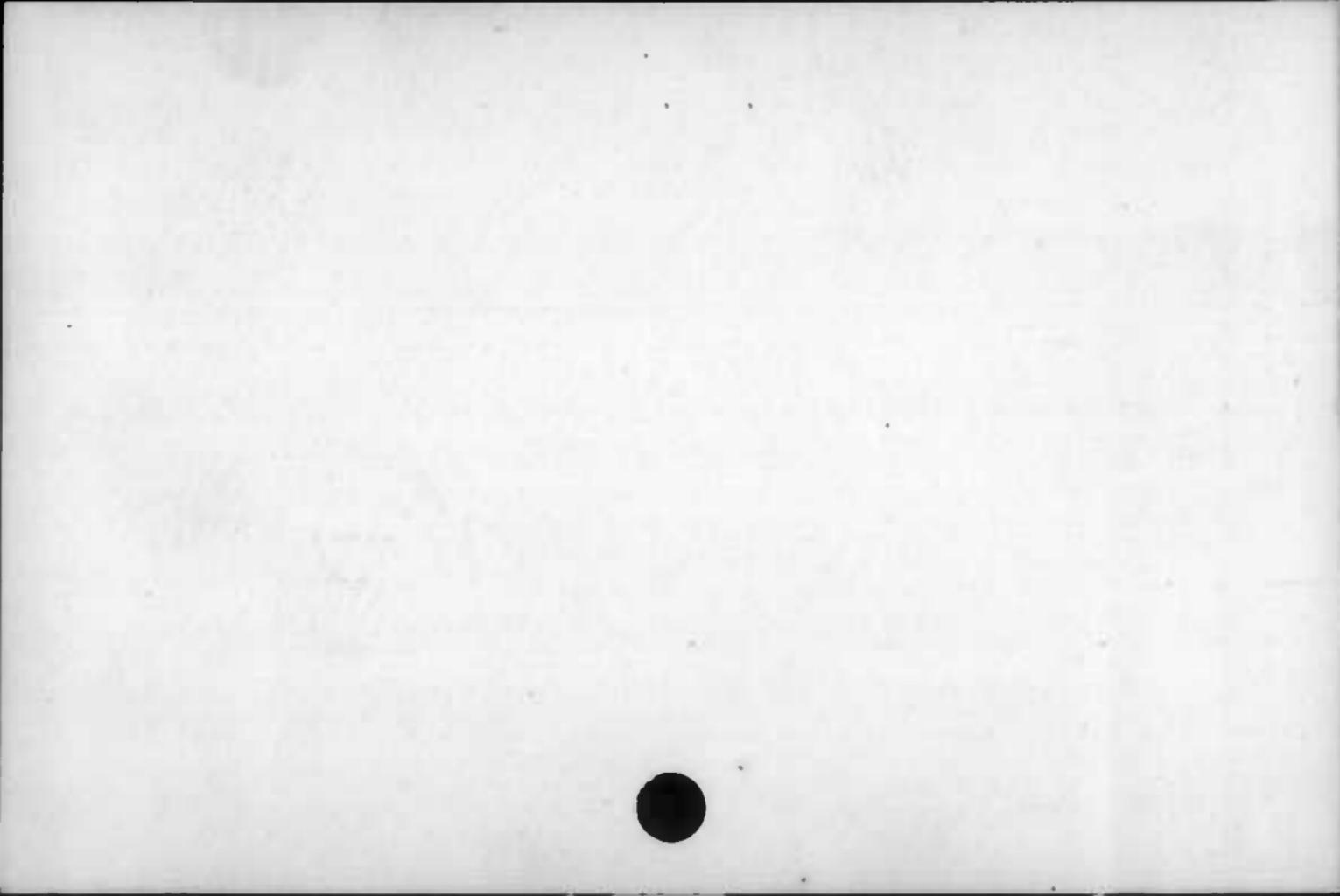
Signature of Physician

F. N. Seigner

Address

Havre de Grace
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Foreman Robinson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Cousins	Kenford				
Date of death	Month	Day	Years	Months	Days
1909	April	10	Age 71	1	20
Sex	Color or Race	White	Birth-place	Philadelphia Pa.	
Female					
Occupation	House work				
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death		
Widowed	Robert Robinson				
Father's Name	Francis Toram				
Mother's Maiden Name	Mary Baitzel				
Name of person giving Information	Joseph Foreman				

CAUSES OF DEATH

Primary

General debility

90

How long

1 year.

Immediate

Bonebilia, Coma

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas H. Shute
Aberdeen Md.

Accident or Suicide

8. e

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Agnes Ross

CERTIFICATE OF DEATH

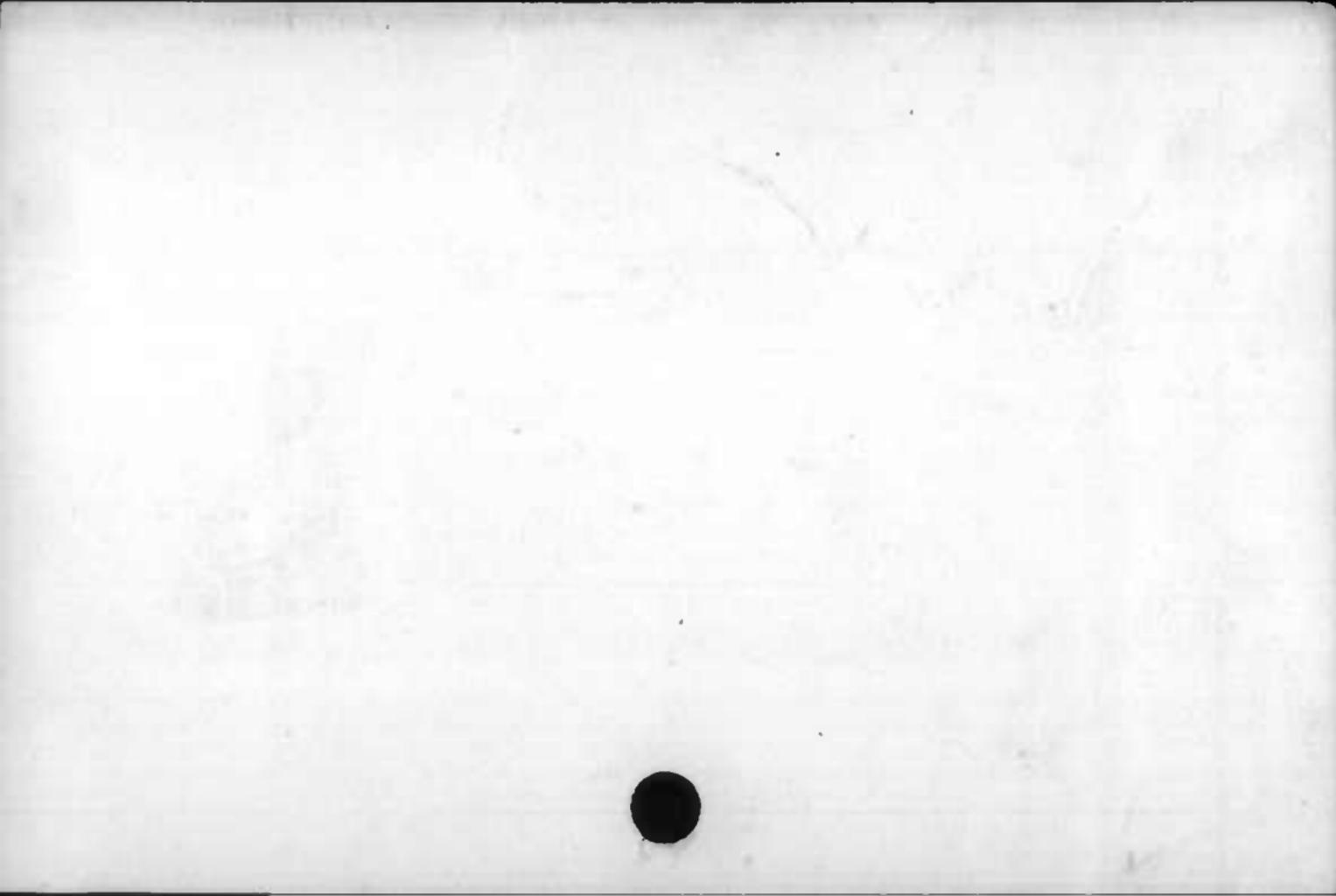
Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Stafford Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Silas Ross				
Mother's Maiden Name	Adah Mondue				
Name of person giving information	Robt. Ross				
CAUSES OF DEATH					
Primary	50				
Immediate	How long 2 mos.				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
	Address				
Accident or Suicide?					

50

How long

How long

J. Lee Huguenot
Bel Air, Md.



Name
in
Full

Ella J Slattery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	William J Slattery				
Father's Name	William Thompson					Father's Birthplace
Mother's Maiden Name	Margaret Russell					Mother's Birthplace
Name of person giving Information	William Slattery					How related to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

6 mos

Immediate

#

How long

Are the name, age, sex, color, date and place correctly given above?

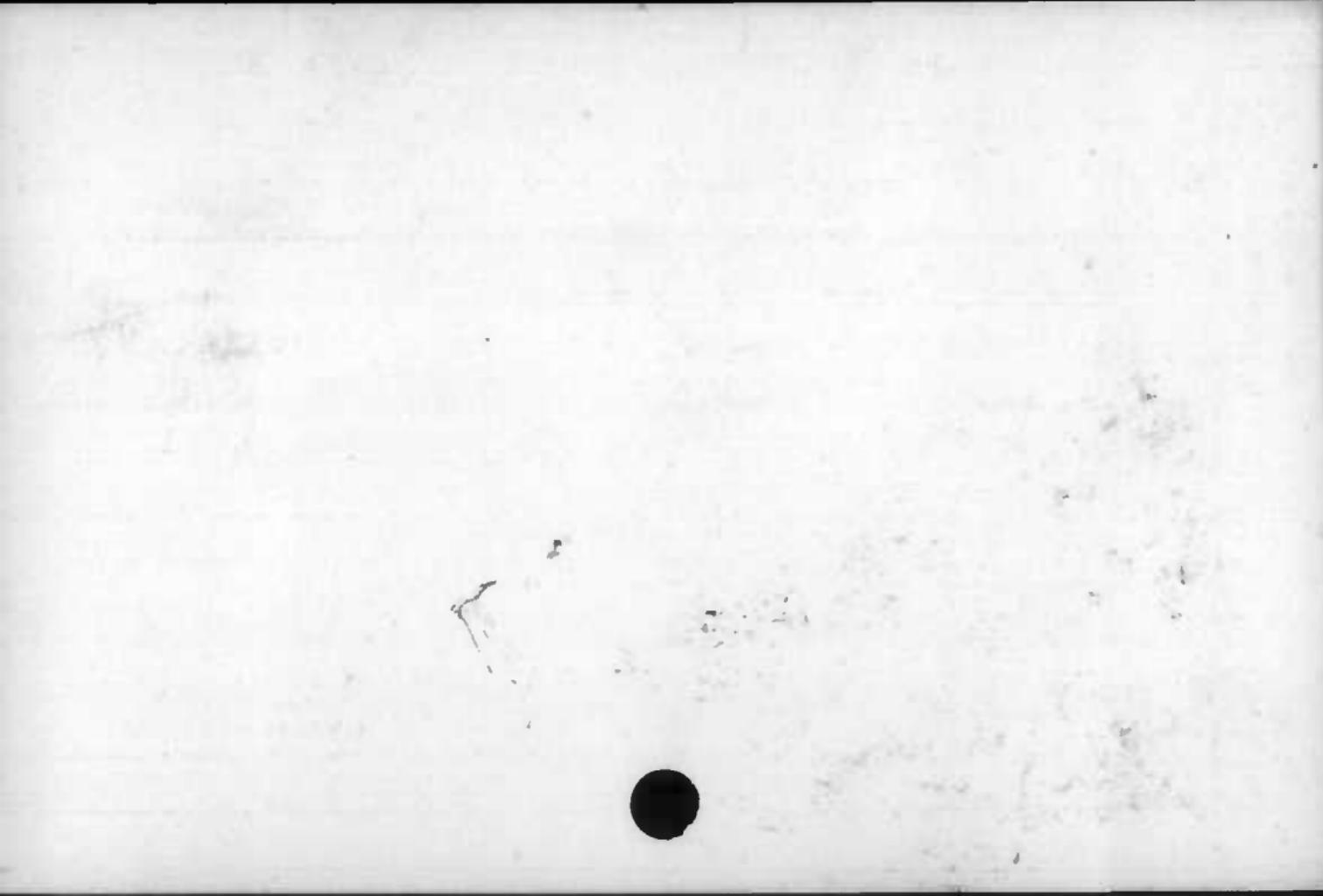
yes

Signature of Physician

Address

Dr. Stier
Perryman
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph. Smith		BEL AIR			MARYLAND		
Town	County	Month	Day	Years	Month	Days	
Died at	Starford	Date of death	1909 apr 2	Age	75		
Sax	Male	Color or Race	Black	Birth-place	Md		
Occupation	Sabored	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Emily Smith	Father's Birthplace	Md.		
Father's Name	Joseph. Smith						
Mother's Maiden Name	unknown	Mother's Birthplace	unknown				
Name of person giving Information	Joseph H Smith	How related to deceased	Son				

CAUSES OF DEATH

Primary

Cerebral hemorrhage

64

How long

Immediate

Strussion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert S Page
Bel Air

Accident or Suicide

of
Mountain

Name
in
Full

Mary Ann Swanson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

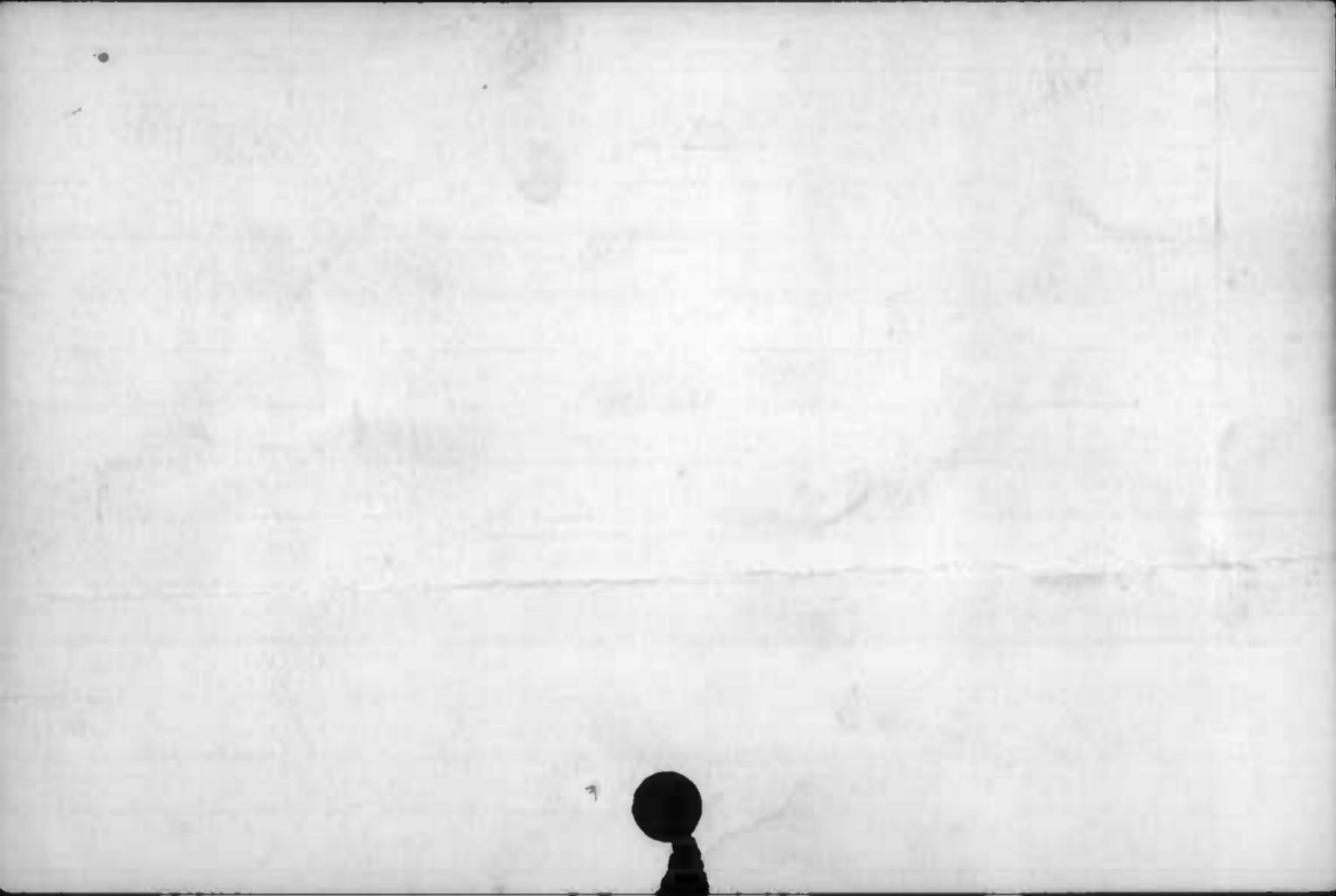
Town	near	County	X		
Died at	Tappa	Harford			
Date of death	1909 April	Day	16		
Age	Years	49	Months	-	
Sex	Female	Color or Race	White	Days	-
Occupation	Housewife	Where Residing if not at place of death	Same		
Married, Single or Widowed	Married	Name of Wife or Husband	Johu Swanson		
Father's Name	Henry Shilder	Father's Birthplace	Germany		
Mother's Maiden Name	does know	Mother's Birthplace	" "		
Name of person giving Information	Ino Swanson	How related to deceased	Husband.		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Disease	How long	several years
Immediate	Weakness & Drowsiness (Coma)	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Scott Cope
		Address	Tappa Md
Accident or Suicide?		No	



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Anna Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Sarah Taylor				
Father's Name	James Strawbridge					Father's Birthplace
Mother's Maiden Name	Sarah Vaudant					Mother's Birthplace
Name of person giving Information	Mrs. Marion L. Sime					How related to deceased

CAUSES OF DEATH

104

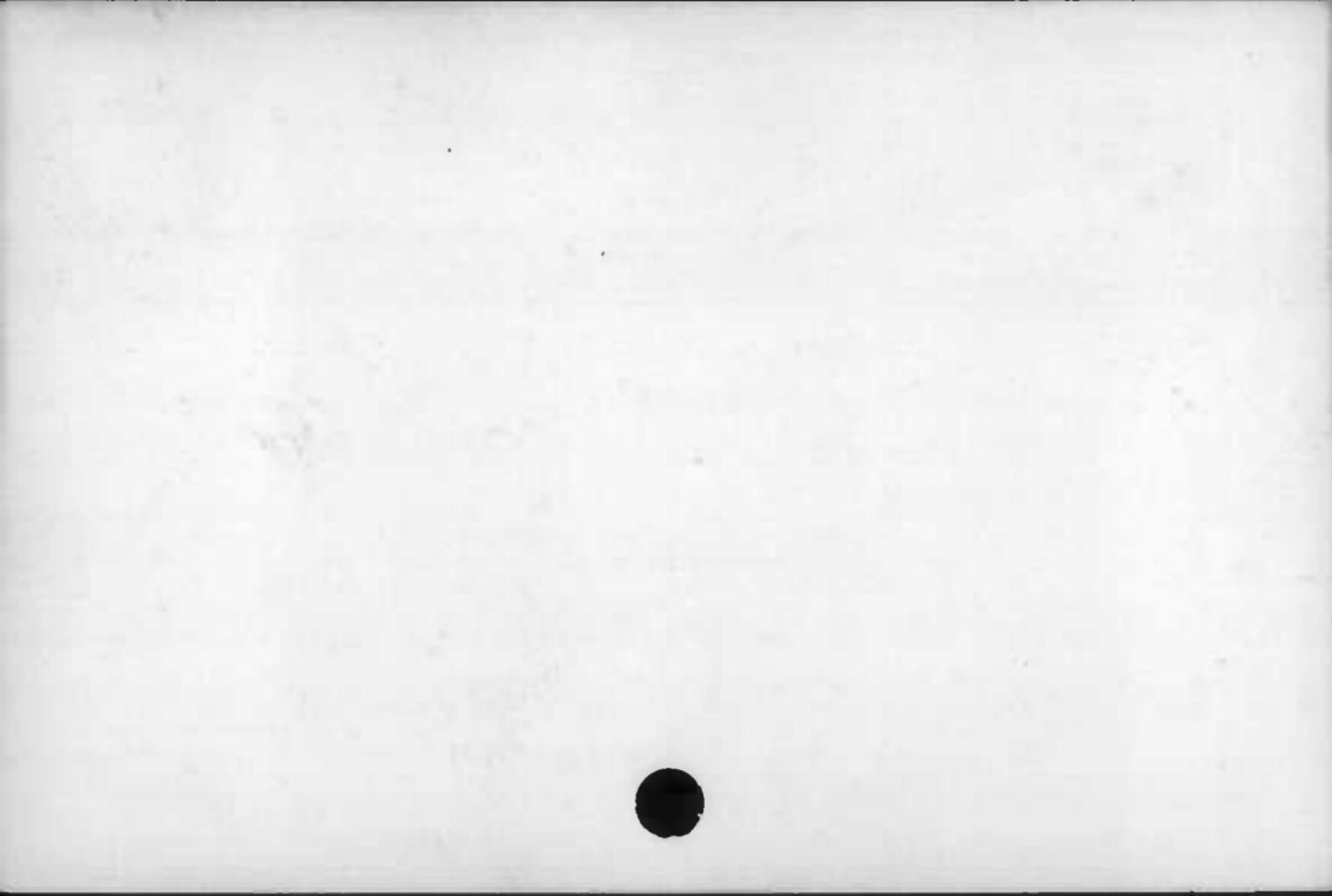
Primary	Cold & Gastritis	How long	long time
Immediate	Syncope	How long	3

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Alfred Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1909	Month	Year	Months	Days	
4	5	61	10	23	
Sex	Color or Race	Birth-place			
Male	White	Lancaster Co			
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband	Martha Thomas			
Father's Name	Amos Thomas	Father's Birthplace	Lancaster Co		
Mother's Maiden Name	May Rely	Mother's Birthplace	" "		
Name of person giving Information	Martha S Thomas	How related to deceased	wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

64

How long

2 years

Immediate

Spasms

How long

2 days.

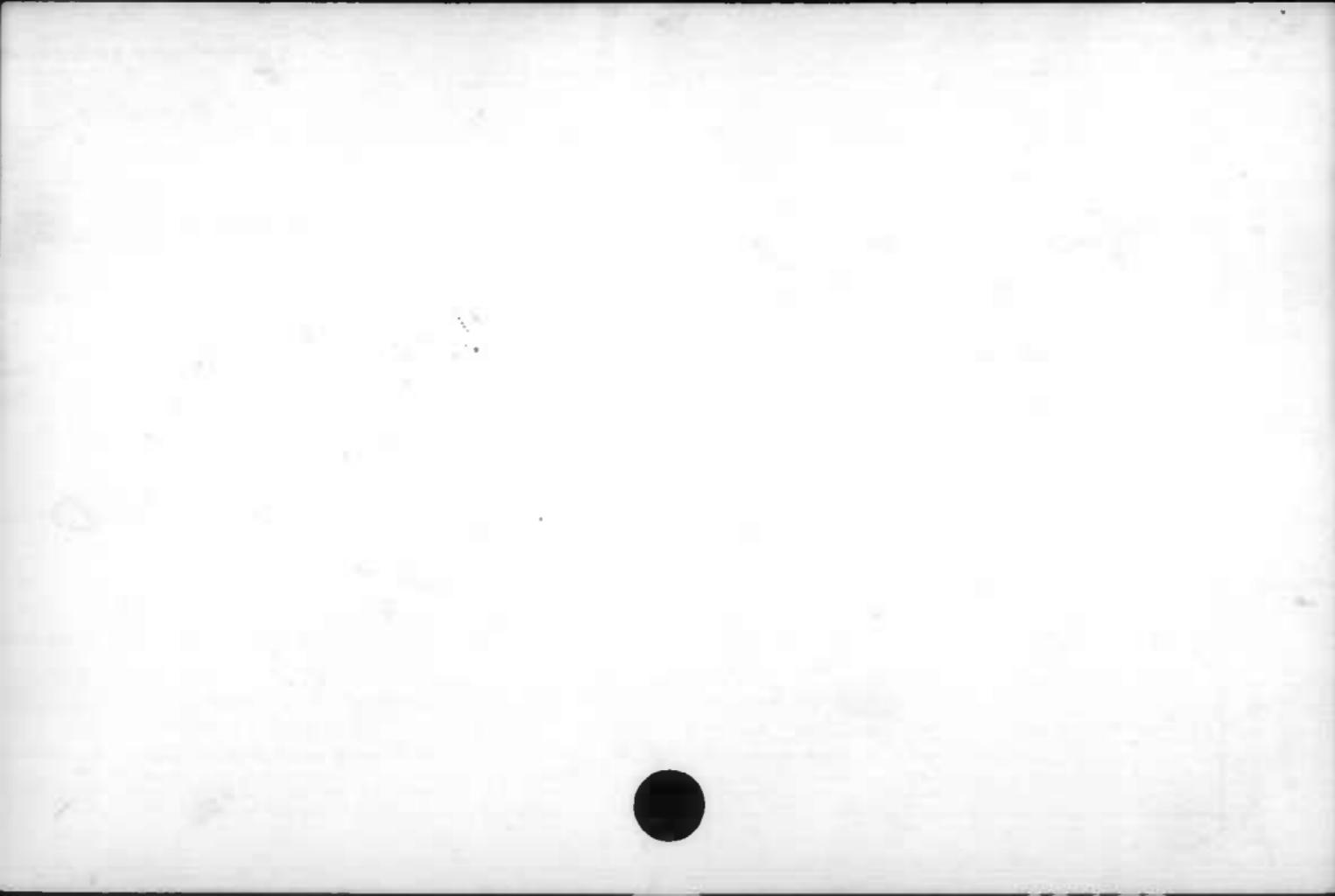
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Rowan Ramsey
Della York Body

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ann Jane Thompson X

CERTIFICATE OF DEATH

Town		County		
Died at Bucktown from New Abode Harford				
Date of death 1909	Month Apr	Day 14	Years 66	Months — Days —
Sex Female	Color or Race white	Birthplace Harford County		
Occupation None	Where Residing if not at place of death			
Married, Single or Widowed Widowed	Name of Husband James Thompson	Father's Name Geo Culver	Father's Birthplace Md	
Mother's Maiden Name Hannah Walker	Mother's Birthplace Md	Name of person giving Information Annie Long	How related to deceased Daughter	

CAUSES OF DEATH

Primary

Senile Insanity

154

How long

about 2 years

Immediate

Exhaustion

How long

one week.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas H. Keite
Abode, Md.

Accident or Suicide

Calvary

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Catharine Vanhorn

CERTIFICATE OF DEATH

Died at	Town	Upper X Roads	County	Kearford	MARYLAND
Date of death	Month	1909 April	Day	1st	Years 74 Months 11 Days 17
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Housekeeping			Where Residing If not at place of death	Maryland
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	Joshua Amoss			Father's Birthplace	Md.
Mother's Maiden Name	Catharine Johnson			Mother's Birthplace	Md
Name of person giving information	Margaret McLearnas			How related to deceased	Niece

CAUSES OF DEATH

93

How long

one week

How long

not known

Primary

Pneumonia

Immediate

Heart Disease

Are the name, age, sex, color, date and place correctly given above?

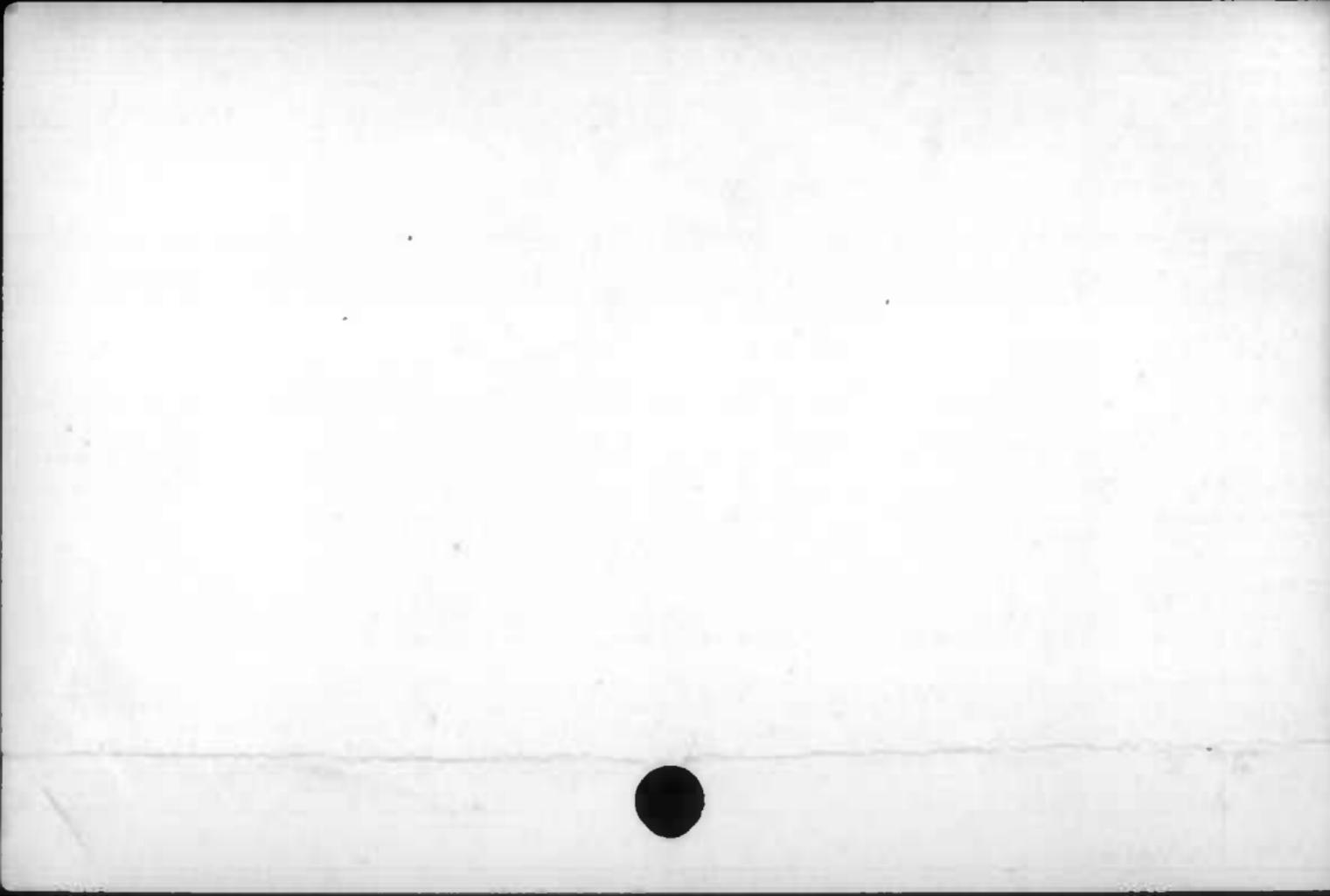
Yes

Signature of Physician

Address

John S. Green
Sittings
Md.

Accident or Suicide?



Name
in
Full

Samuel D. Wallise

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Whitford Town Hopford County MARYLAND
Date of death 1909 Month Apr. Day 5 Year 60 Month - Day 19
Sex Male Color or Race White Birth-place 2nd
Occupation Farmer

Where Residing if not
at place of death

Married, Sing.
or Widowed

Name of Wife or
Husband

E. Louisa Wallise

Father's Name

Archibald Wallise

Father's
Birthplace

Not Known

Mother's
Maiden Name

Sarah J. Heaps

Mother's
Birthplace

Ind

Name of person giving
Information

Andy Wallise

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

93

How long

10 days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Charles W. Farmer

Accident or Suicide

Yes

And

Slate Ridge
April 9-09

Name
in
Full

Dot Known

X CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Peak Edgewood	Hanford			
Date of death	Month	Day	Years	Month	Days
1909	April	8	About 35	-	-
Sex	Male	Color or Race	White	Birth-place	not Known
Occupation	Supposed to be - Tramp		Where Residing if not at place of death	not Known	
Married, Single or Widowed	not Known	Name of Wife or Husband	not Known	Father's Birthplace	not Known
Father's Name	not Known		not Known		
Mother's Maiden Name	not Known		not Known		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

Primary
Drowned in Winter River

172

How long

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo M Hardy
Edgewood
Coroner
Md

Accident or Suicide

